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Nursing as social responsibility: implications for democracy from the life perspective of Lavinia Lloyd Dock (1858-1956)

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NURSING AS SOCIAL RESPONSIBILITY:
IMPLICATIONS FOR DEMOCRACY FROM THE LIFE PERSPECTIVE OF
LAVINIA LLOYD DOCK (1858-1956)

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

in

The Department of Curriculum and Instruction

by
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In memory of my father Hernan Mujica,
a pilot and Air Force Colonel who taught
me the beauty of visiting the clouds,
and the courage to fly to new horizons.

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Abstract

This dissertation focuses on Lavinia Lloyd Dock's (1858-1956) re-envisioning of nursing and caring as social responsibility and the implications of this conceptualization for democracy. Dock was an American nurse, educator, settlement worker, suffragist, pacifist, social activist, writer, and historian. Her conception of holistic welfare embodied a "new ideal" of society (Dock 1907, p. 899), a new understanding of democracy, and an expression of citizenship based on social responsibility for the welfare of others. Dock's idea of democracy embraced women's values and ways of being in the world; disputed universal, individual rights; and privileged communal values, collaboration, inclusion, and diversity. Moreover, she envisioned the world as a global democracy beyond national boundaries and other differences which often separate individuals. This study aspires to promote an understanding of an internationalist notion of citizenship and democracy that includes caring, collaboration, social responsibility, pacifism, and the holistic well-being of all individuals. This historiography also explores Dock's relentless social activism for the construction of a "new ideal" of society and democracy.

This study aims to empower nurse educators and practicing nurses to interrogate traditional notions of caring. Inspired by Dock's epistemology, the author proposes a re-conceptualization of nursing curricula as democratic and as embracing caring as social responsibility for the holistic welfare of others. Finally, this dissertation seeks to recuperate Lavinia Dock as a nurse educator, historian, philosopher, writer, feminist, social worker, social activist, and one of many turn of the 20th century progressive women who enhanced the welfare of society and improved American democracy.

Chapter One

Introduction

The nurses are naturally interested in public health, sanitation, prevention of disease, care of children, etc. What class of citizens would be most useful in helping these causes -having equal powers to take them up? Surely women -mothers, if their status was equal to the status of men (Dock, 1951, quoted by Christy, 1971, p. 292)

In the above quote from a 1951 letter from Lavinia Dock to Isabel Stuart, a friend, colleague, and co-author, Dock includes some ideas of her understanding of nursing as social responsibility. She singles out nurses as “the class of citizens” ideally situated to assist others, thus attaining the overall well-being of society. This meant enacting one’s social responsibility for the welfare of others, which Dock view as an expression of citizenship. In fact, she contested patriarchal meta-narratives, embraced assisting and collaborating with others, and disavowed fighting for one’s country as representations of citizenship. In addition, she positions women and nurses as citizens, challenging the contemporary dis-enfranchisement of women in society. In Dock’s view, women required the right to suffrage to enact their social responsibility as citizens and effect much needed changes in society. Consequently, Dock became a committed suffragist to procure these changes and construct a better and more just democracy.

Lavinia Lloyd Dock - an American nurse, educator, settlement worker, suffragist, social activist, writer, and historian - was born in 1858 and died in 1956 at the age of 98. Her life actions, work, and ideas have significant implications for the theory and praxis of nursing, education, democratic ideals, and expressions of citizenship which I will discuss

throughout this research. Her vision of caring and social responsibility for the holistic welfare of all individuals has enlightened and enriched my roles as nurse and educator. Moreover, Dock's ideas have prompted me to re-think traditional liberal constructions of democracy and its principles of individual and universal rights. Her life and work has also fostered my understanding of citizenship rooted in social responsibility and collaboration with others. This has given me new insights about my relationship with society as an individual, nurse, and educator. As a nurse educator, it has prompted me to view nursing as political and to re-envision a democratic curriculum which prepares nurses to enact their social responsibility in society to secure the holistic welfare of all individuals.

Lavinia Dock embodied various social tendencies and philosophical trends which flourished at the time. Indeed, although many of her ideas were unique, they were embedded within progressive, pragmatist, feminist, and suffragist beliefs. They also embraced the social and political contexts which marked the lives of many women and nurses at the turn of the 20th century. In this, the first chapter of my dissertation, I situate Dock's ideas within these socio-political and philosophical contexts. I also introduce her understanding of caring and social responsibility and position her ideas among those of other scholars.

Socio-political and Philosophical Context

At the turn of the 20th century, white middle and upper middle class American women's education was geared to transform them into 'true women'; that is, "an agreeable companion for a sensible man, an efficient household economist, a proponent

and example of Christian morals, and a capable mother of liberty-loving sons” (Cott, 1977, p. 105). Associated with the values of ‘true vocation’, ‘true woman’, and ‘republican motherhood’ was the discourse of ‘domesticity’ (Evans, 1997 ; Cott, 1977). According to this tradition, marriage initiated women's ‘true vocation’ as mothers and housekeepers, and their lives largely evolved in the private sphere of the home. In fact, the discourses of domesticity and separation of home and family life (private) from the outside world and work (public) prevented women’s access to higher education and their participation in roles in the public sphere (Cott, 1977). Although the domestic values attributed to the private sphere elevated the moral stand of women, they were also oppressive as they relegated women to the home and denied them access to venues for self-actualization in the public sphere.

In Victorian society women were socially and legally subordinated to men, and their formal education seldom progressed beyond the primary level. A patriarchal canon contended that a more advanced education "robbed women of their charms and disrupted their contentment” (Cott, 1977, p. 110). Moreover, a common stereotype argued that women’s smaller brains could not withstand the rigors of higher education, and their reproductive capacities would be harmed by too much thinking (Evans, 1997). Often, ‘educated’ women were white, middle class females tutored at home by teachers or relatives, or females who self-taught themselves when they had access to books. Married women could not own land, and women, in general, could not vote. However, many women subverted these repressive discourses and managed to educate themselves and to overstep into the public sphere of work and community endeavors. Women utilized the

values of domesticity and the discourse of ‘true womanhood’ to access the public world in the name of ‘municipal housekeeping’. So, they extended traditional ‘housekeeping’ female values such as nurturing, rearing, caring, and collaboration into community work; they organized themselves in voluntary associations and effected much needed social reforms for the betterment of society (Evans, 1997 ; Cott, 1977).

This time period has often been referred to as the “woman's century” because women ‘became visible’ in public life and began organizing themselves in voluntary associations. Women's organizations such as “benevolent societies”, “ladies literary societies”, black women’s groups, church groups, and settlement houses provided women with a safe environment to question dominant patriarchal values and explore new ideas to change society. In these groups, women gained new knowledge and skills such as debating and amending bylaws, electing officers, raising and distributing funds, voting on meetings, and recruiting and orienting new members. These activities served to familiarize them with the processes of representative government at a time when women were excluded from suffrage and the political system. Not surprisingly, many women's clubs moved from self-education (study clubs), to community improvement, and eventually to political action groups on a national level. Beyond being a source of personal enrichment for women, volunteer groups provided much needed social services to the community (Cott, 1977).

Lavinia Dock challenged several Victorian canons for women by pursuing higher education and becoming a nurse, disregarding marriage, leaving home to live in the community with other progressive women, becoming a social activist for the poor, and

promoting racial and ethnic inclusiveness in a highly segregated society. Furthermore, she interrogated contemporary patriarchal definitions of democracy and citizenship which I will explore in subsequent chapters of this dissertation.

Dock and other progressive women working with the poor gained valuable insight on the social evils affecting a vast segment of the population and committed themselves to identify and enact solutions. At the time, the Progressive, Pragmatist, and Feminist movements -although through different venues- pursued the betterment of society and the construction of a fairer and more just democracy. In fact, in the late 19th and early 20th centuries, the USA was experiencing dramatic social conditions as a result of massive immigrations from Europe, migrations from rural areas into the cities, and the effects of the second industrial revolution which created marked class differences between rich and poor. In addition, the harmful influence of the Social Darwinist postulates -which advocated for survival of the fittest- curtailed the enactment of social reforms to assist the underprivileged.

Living conditions in urban areas were largely devastating. Industrialism and factory work had attracted people looking for new opportunities in the city. New York City and particularly the Lower East Side of Manhattan was inundated with newcomers from the countryside and new immigrants from southern and eastern Europe. Factory work conditions were deplorable; sweatshops proliferated with the saga of low wages, abuse of workers, and an unsanitary environment. Housing in the overcrowded tenements was meager, and contagious diseases were devastating especially to the poor,

old, and children. Human problems such as poverty, health epidemics, prostitution, white slavery, and child labor needed prompt social reforms.

The House on Henry Street (1935) written by Lillian Wald -head of the “Henry Street Settlement” in New York City where Lavinia Dock lived and collaborated for 19 years- depicts a vivid picture of life in the city at the turn of the 20th century. Wald writes:

The child led me over broken roadways,- there was no asphalt, although its use was well established in other parts of the city,- over dirty mattresses and heaps of refuse,- ... between tall, reeking houses whose laden fireplaces, useless for their appointed purpose, bulged with household goods of every description. The rain added to the dismal appearance of the streets and to the discomfort of the crowds which thronged them, intensifying the odors which assailed me from every side (p. 4)

Disputing the tenets of Social Darwinism, the Progressive Movement, Settlement Movement, Social Gospel, and other humanitarian groups flourished at this time. They aspired to better society and improve democracy by promoting social and economic justice. The Progressive Movement became an umbrella for many social-oriented groups which were very influential in American society at the turn of the 20th century.

Progressivists were largely middle class, Anglo-Saxon, Protestant, male and female urban reformers, “motivated by the old Puritan desire to rid the world of evil”(Gruver, 1972, p. 814). The movement attracted approximately six million people at the time. Although this movement was a cluster of many, and sometimes conflicting trends, it aspired to bring on a moral regeneration to American life (Gruver, 1972 ; Link, 1968). Historian Rebecca Gruver contends that “progressives attacked rule by the wealthy, brutal competition, and political corruption” (1972, p. 814). Lavinia Dock, Lillian Wald, Jane

Addams, John Dewey, Florence Kelley, Charlotte Perkins Gilman, and others were committed representatives of this movement which aimed to implement urgent social reforms to assist the poor and underprivileged.

Lavinia Dock's progressivism combined feminist ideas with her experiences as a nurse, educator, settlement worker, and committed social activist. As a progressive woman, her disposition to improve society was less motivated by religious ideas and more rooted on a profound ethic of social responsibility for the well-being of others. As a feminist, she believed that women were better suited than men to improve democracy. According to Dock, men had failed to eliminate social evils such as poverty, prostitution, and lack of equal access to education and health care. She argued that men's traditional values of individualism and competition had overlooked the welfare of all in society. Thus, society needed to adopt women's ancestral 'housekeeping' values of caring, rearing, nurturing, and collaboration with others to achieve a more just democracy.

Actually, Dock's feminist orientation was complex. She can be identified as a cultural feminist as she strongly believed in the moral superiority of women. She deprecated men's ways of being and blamed patriarchal male constructions for the social injustices in society. On the other hand, Dock evidenced some traits of radical feminism as she deeply questioned the structure of society and the meaning of democracy. Indeed, she strived for a "new ideal" (Dock, 1907, p. 899), a new society that embraces traditional feminine values to define citizenship and construct a better democracy.

Lavinia Dock was also a pragmatist. Likewise, many progressivists were pragmatist philosophers who believed that experience was the basis of reality, and each

individual had his/her own perception of truth and reality. In fact, the idea of individuals contributing their distinct understandings of 'reality', renouncing to impose un-disputed truths, and learning from new experiences appealed to progressive reformers who aspired to improve society and democracy. Hence, pragmatic thinking flourished in a country of immigrants and diverse ways of being who aimed to construct a new society.

Although less acknowledged than prominent pragmatists such as Charles Sanders Pierce, William James, or John Dewey, Dock and other settlement workers theorized and enacted main tenets of pragmatism. Dock constructed knowledge (of public health, education, sociology, politics, human behavior) from her experiences living among immigrants and the poor and dealing with municipal, factory, and union workers; government officials; physicians; and other individuals with whom she interacted with in her different roles in life. As a nurse and settlement worker, Dock's experiences with the realities of industrial society such as factory work, sweatshops, child work, infectious epidemics, and tenement living conditions profoundly affected and energized her social activism. For example, linking poverty with disease, she crusaded to improve tenement living conditions and to regulate child labor and the unsanitary working conditions in sweatshops.

The mere fact of living in the tenement brought undreamed-of opportunities for widening our knowledge and extending our human relationships (Wald, 1935, p. 13).

Dock utilized the knowledge that she gained from experience and enacted social actions to enhance human conditions and improve democracy. Her experiences and conceptions of knowledge and truth also wove in the emotion of laughs, cries, sorrow, and happiness

of everyday life. She embraced women's ways of experiencing, knowing, being, and acting in the world as *cites* for knowledge. The sorrow and compassion that she experienced when confronting the misery of the residents of the Lower East Side increased her awareness of social problems and compelled her to crusade for reforms. Likewise, Lillian Wald coined her famous phrase "baptism of fire" to acknowledge the many emotions and the knowledge that she gained in her first experience visiting the ghetto. She writes:

All the maladjustments of our social and economic relations seemed epitomized in his brief journey [to the Lower East Side] and what was found at the end of it...That morning's experience was a baptism of fire. Deserted were the laboratory and the academic work of the college, I never returned to them...To my inexperience it seemed certain that conditions such as these were allowed because people did not *know*, and for me there was a challenge to know and to tell (Wald, 1935, pp. 6, 7, 8)

Dock, Wald, and other feminist pragmatists learned from experience and perceived a challenge to know and to tell. Thus, they contested traditional pragmatists' disregard for women as 'legitimate' knowers.

In addition to re-conceptualizing experience to include gender as *cites* for knowledge, Lavinia Dock, Jane Addams, Lillian Wald, and other settlement workers embodied experience as an action-oriented inquiry (Seigfried, 1986). Hence, experience, inquiry, reflection, and action were continuous and inseparable. They valued the prospects of social action more than *a priori* reasoning and abstractions and privileged reflection during and after experience. Moreover, settlement workers leaned more towards human relations and connections than towards traditional scientific detachment. They also privileged the needs of the larger community and each individual's growth and

development over academic pursuits (Duran, 1993). Indeed, for these women, knowing entailed a commitment to social responsibility. They emphasized the social responsibility of the knower for enacting social undertakings to improve the welfare of all individuals, and enhance democracy. Their strong sense of social responsibility called for prompt actions (regulation of child labor, enfranchisement of women, factory regulations) to improve the welfare of their neighbors in the Lower East Side of Manhattan.

Yet, many contemporary male pragmatists did not share this sense of urgency. They favored “a more detached statistical approach to social concerns” (Seigfried, 1996, p. 182). For example, the faculty of the sociology department at the University of Chicago perceived Hull House primarily as a living laboratory to study social interaction (Seigfried, 1996 ; Deegan,1990). However, settlement workers at Hull House collected data from their neighbors to gain a better understanding of their social problems and devise strategies to solve them. The ground-breaking sociological study “Hull House Maps and Papers” (1893) illustrates the action-oriented inquiry for social change characteristic of settlement workers.

Moreover, as a feminist and pragmatist, Dock believed that humans can change society, that such transformation is crucial to human growth, and that action-oriented inquiry grounded in experience has an important role in promoting and effecting reforms for social improvement. Indeed, settlement workers viewed human growth and transformation as an ongoing process tied to social change and the betterment of democracy. Similar to John Dewey’s (1990) view, these women embodied growth and

transformation as fluid, recursive, and dynamic; not linear or progressive; not final, static, or complete. Human growth represented a continuous re-construction and re-organization of experience and social action.

Growth occurs when this development of experience(s) leads to more experience(s)... it has no end, it is its own end, it continually opens to more growth... transformation is not a movement towards some present, fixed end (Doll, 2001, p. 2).

As William Doll's quote suggests, the experiences with immigrants and the poor led Dock to new understandings of individuals and the problems of society. This knowledge also transformed her philosophy and praxis of caring as social responsibility for the holistic welfare of society, and fashion her vision for a better democracy. Indeed, the intensity and profound human significance of such experiences enriched Dock's vision of nursing and life in general and deepened her commitment and social activism to change society.

Nursing Life

Most late 19th and early 20th century nurses denied any relationship between issues affecting nursing and those affecting women in general, such as access to higher education, unequal pay with men, subordination to male figures, and poor working conditions. Nonetheless, Lavinia Dock realized that, in order to improve nursing education and empower nurses to enact their social responsibility in society, patriarchal hegemony needed to be challenged and disrupted. So, Dock and other pioneer feminist nurses depicted the intimate connection between nursing and the tenets of the incipient feminist movement at the turn of the 20th century.

Dock believed that nursing -which at the time was entirely a woman's profession functioning at the heart of patriarchy- would not be able to advance and participate in the construction of a more humane health care system (and society) until women were able to vote and have a voice in the development of social and health care policies. This juncture led her to join the suffrage movement and crusade for the enfranchisement of women.

In Dock's epoch, the issue of women suffrage was a divisive matter among nurses. Indeed, her active support of the suffragist movement confronted the opposition of many contemporary nurses who regarded suffrage as a 'political' issue unrelated to the nursing profession. In addition, the efforts of many nurse educators were centered in defining the scope of nursing practice and differentiating 'professional nurses' (educated in nursing schools) from 'untrained nurses' (who had not graduated from a nursing school). Lavinia Dock, on the other hand, viewed nursing as political and its role in society as intimately related to the eradication of the compelling health, economic, and social conditions confronted by individuals at the time. Nonetheless, nurses were facing many issues which curtailed the enactment of their role in society.

In the late 19th century, nursing education was just emerging in the U.S.A. with the establishment in 1873 of the first Nightingale Schools, and the public had a negative view of hospitals as “dreadful, dangerous and dirty” (Burnam, 1998, p. 21). Definitely, hospitals were not appropriate places for Victorian ladies. In her book A History of Nursing (1928), Minnie Goodnow explains that “the so-called nurse was little more than a ward maid” (p. 50). In addition, up to the advent of the Nightingale schools, nursing

had been practiced at home by women (usually family members) with no formal training and in hospitals mostly by uneducated female prisoners and prostitutes.

The Nightingale Schools were designed following Florence Nightingale's premise that nurses required formal training. At the time, these schools admitted almost exclusively white middle class women: "only the most refined girls, those with high standards of neatness and order" (Rothman, 1978, p. 87). Nightingale schools aimed to dispel contemporary negative images of nurses as scums of society, and they struggled to bring 'dignity' to the emerging profession. Truly, these schools focused on recruiting Victorian 'ladies' immersed in the dominant canon of domesticity, and who would not challenge patriarchal hegemony and its tight control over the health care system. Lavinia Dock had not yet developed her social activism to disrupt patriarchal domination and the social inequities that hindered democracy. Therefore, she fit the social class and racial backgrounds required by these schools. It is probably no coincidence that nursing education was structured to require total dedication, an absolute submission to authority figures, exhausting long hours of work, and little education to nursing students. Such attributes secured the survival of a patriarchal health care system and the status quo of gender roles in society.

At the time, nursing and education were some of the few options for women who aspired to pursue higher education. However, nursing schools were positioned outside of academia and under the control of a 'parent' hospital and the physicians who presided over them. Hospitals viewed nursing students mostly as a source of free labor. Actually, nurses confronted a largely un-democratic situation as nursing was engulfed by an

autocratic system that dictated its curricula and practice and portrayed nurses as ‘hand-maids’ to physicians (Ashley, 1997 ; Roberts & Group, 1995, Dock & Stewart, 1938).

Indeed, nurses were ‘trained’ in hospital schools where they received very little health care education, and their practice was almost entirely dominated by physician’s demands and restrictions. The curriculum centered primarily on the instruction of skills to assist patients with feeding and hygienic care and cultivated in students an uncontesting devotion to implement physicians’ ‘orders’. Students lived in dormitories annexed to the hospitals and were expected to be on call twenty four hours a day (Rothman, 1978 ; Dolan, 1973 ; Stewart, 1960 ; Goodnow, 1928). Many succumbed to exhaustion, malnutrition, and infectious diseases acquired within the hospital environment. Isabel Stewart (1960) described her nursing school years as follows:

we were sent to the wards the day we arrived and taught our duties by the graduate head nurse. She was often a good practical teacher, but had time chiefly for the ‘hows’ leaving the ‘whys’ for future classes or lectures. Within a few days we were handling diets, medicines, dressings and treatments...What we did not realize until later was handicapped by the old apprenticeship system which hospitals had taken over primarily to secure service for their patients rather than educate nurses (p. 1426).

Certainly, since the beginning of nursing as a discipline, physicians have relentlessly fought to keep nursing under their domain. They were adamantly opposed to educating nurses and determined to keep them in a subservient role and unable to contest their health care decisions. This subordination greatly curtailed the enactment of nurses’ social responsibility for securing the well-being of society. Dock argued that

... the nurse’s whole duty, loyalty, and obedience begins and ends in subordination ...Ponder over this dictum and acknowledge that there is something unsatisfying in it...One would like to see the

nurse allowed the same amount of independence as any other moral being (Dock, n.d., quoted by Burnam, 1998, p. 122).

Lavinia Dock's understanding of the problems created by the physician's domination of nursing education and practice was one of the factors which propelled her commitment to work for the enactment of curricular and social reforms. For Dock, a better nursing education would develop superior nurses who would construct an improved democracy as they enacted their social responsibility in society to secure the overall welfare of all individuals.

However, the quality of nursing programs varied significantly among schools. Schools of nursing had become 'good business' for hospitals as they supplied 'free labor' and good nursing care to patients. Hospital-based schools began to emerge rapidly all over the country with little regard for the quality of education that they provided to nursing students. Although not agreeing completely among them on the issue of suffrage, Lavinia Dock, Isabel Hampton-Robb, Isabel Stewart, and Adelaide Nutting were committed to reform nursing education to better prepare nurses for their role in health care in a society that faced urgent social and health problems. They hoped to distance nursing education from the patriarchal control of hospital administrators and physicians who envisioned nurses as mere handmaids to physicians not necessitating further education. These nurse educators also rallied for the licensing of nurses to protect the public and the profession from ill-prepared providers of health care.

In the delivery of health care, medicine and nursing have mirrored the public (work) and private (home) spheres of society and the traditional dichotomy of male and female gender roles. This interaction has been characterized by repression and control of

nurses by physicians. Likewise, physicians have successfully portrayed to the public an image of a male who possesses unlimited knowledge and wisdom, and who is completely in charge of the welfare of patients, and an image of a female (nurse) who keeps the house in order and only executes rank-ordered tasks (Ashley, 1997). The myth of nurses being supervised by physicians is strengthened by the latter's uncontested attribution of the authority to decide in all areas of health care regardless of the physician's area of expertise.

In fact, they have traditionally claimed 'ownership' to the knowledge of the human body and related ethical issues and have positioned themselves as sole decision-makers in these areas. In addition, physicians often undermine nurse's credibility in subjects of human health, contending that these constitute 'medical' knowledge. This self-adjudication as custodians of 'legitimate' medical knowledge enables physicians to exercise significant power and control over the health care system. Not surprisingly, they have traditionally refused to share their privileged status as experts in the field, along with the power that this representation confers to them.

Although nurses have traditionally constituted the majority of health care professionals, for years physicians and hospital administrators have positioned themselves as supervisors in charge of health care and continue to dictate limitations and privileges in the practice of nursing. In fact, nurses still face the constant opposition of the American Medical Association which lobbies for regulations to prevent nurses from practicing beyond the limits imposed by the medical profession. Charles Webster (1993) contends that physicians have fought to remain at the head of the structure of healthcare.

The supervision of nurses and other health care professionals remains a main focus of their power struggle to control the system.

Likewise, many physicians still contend that nurses should live a life of sacrifice, arguing that this is the meaning of 'true service' to which nurses are 'obliged to abide'. Lavinia Dock maintained that such standpoint only pursues self-serving motives which do not benefit the provision of health care to individuals. She affirmed that "[physicians are] ones who could not always be trusted to work for our interests, and that they might prevent our development as individuals and as women"(Dock, 1902, quoted by Burnam, 1998, p. 160).

Agreeing with Dock, Jo Ann Ashley (1997) believed that "the legal boundaries and limitations placed upon nurses are really placed there for economic and political reasons. The economic status of nurses prevents [them] from changing many laws that need changing this day in age" (p. 127). In Ashley's view, maintaining low salaries for nurses is just another strategy to keep them outside the 'circle' of power and prevent them from influencing urgent changes in health care. Actually, Ashley denounced an issue that has frustrated nurses and other health care professionals for years. This position of subordination of nurses to physicians has greatly impacted the quality of health care as physicians continue to solidify their economic power, institute arbitrary restrictions on nursing practice, and silence nurses voices as patient advocates.

The nurse is expected to be responsible and possess initiative, yet seem passive. The doctor is expected to be 'on top'. From day one, the nurse learns that she must never enter into an open disagreement with the doctor (Wilson, 1971, p. 219).

In sum, nurses ought to continually interrogate *who* legitimizes knowledge, *how* credibility is established, *what* purposes it serves, and the connections between knowledge and social and economic power when ‘carrying out’ administrative policies and decisions and ‘medical orders’. They need to do this with the best interest of patients in mind and a relentless resolution to enact their social responsibility for the overall welfare of society. Commonly, as nurses enact this goal, they face the repressive power of a patriarchal health care system.

Contemporary nurses have much to learn from the ideas, life, and work of early 20th century nurses. In particular, they need to grasp the ways in which these pioneer nurses disrupted the hegemony of male figures to embrace their social responsibility in society. Unfortunately, the narrative of traditional patriarchal discourse has frequently silenced their valuable contributions to nursing and to society in general.

As a nurse, I am very concerned with today’s inadequate access to health care by the elderly and poor and the inhumanity and fragmentation of the health care system. Contemporary health care is greatly profit oriented, and at times relegates compassionate care in favor of monetary gains. Indeed, health care is largely divorced from its responsibility for protecting patients’ needs, and their best interest is often no longer at the forefront of health care decisions. Likewise, I am troubled by the subordination and oppression of nurses by a patriarchal health care system that curtails the enactment of their social responsibility to secure the welfare of individuals. Nurses often lack the assertiveness to stand-up for patient’s rights and for needed changes in the health care system. In addition, I grapple with nursing education’s failure to foster nurses’

understanding of caring as social responsibility towards others and to empower them to challenge a health care system that often de-humanizes individuals.

As a nurse and educator I have frequently perceived and experienced caring towards others. I believe that caring for others is not an end in itself, but a vehicle that moves one to foster the welfare, growth, and transformation of the other. Caring has prompted me to listen, touch, counsel, console, alleviate pain, teach, explain, and many other behaviors and actions that involve a helping relationship with other individuals. However, these caring instances often relate to an isolated aspect (for instance alleviating pain) within the vast complexity of human life and well being. Caring should embrace the individual as a whole. Only then can it foster the holistic well-being of individuals and aid in their growth and transformation into better human beings. This holistic approach to human beings should guide every caring interaction with others in service-oriented disciplines such as nursing and education.

As a nurse, I have also experienced multiple instances when genuine ‘caring’ interactions fell short of effectively promoting the well-being of individuals. For example, an empathetic caring relationship between a nurse and a cancer patient which respects his/her individuality and need to be understood and respected is not enough if he/she lacks access to treatment due to inadequate insurance coverage. Many nurses also establish profound caring relationships with elderly patients and feel defeated when confronted with the reality of the patient’s lack of resources to finance their medical treatment. Moreover, nurses often feel frustrated taking care of patients in under-staffed

medical facilities, and lacking adequate supplies as hospitals ‘cut corners’ in order to increase their revenues.

These situations depict instances when ‘caring’ falls short of effectively assisting individuals confronted with life situations that affect their welfare. Traditional understandings of caring in the health care professions, and nursing in particular, often fail to encompass the holistic being of individuals. Nurses often neglect to consider the individual’s overall life situation in society. Indeed, Mary Ramos (1997) states that “caring in nursing is traditionally focused upon an individual and/or family in a specific setting” (p. 15). For example, health care largely alienates itself from social and economic problems which generate diseases such as poverty, low educational level, and the lack of social or health policies to protect the well-being of society. Nursing care should embrace issues beyond the immediacy of an individual’s particular health need(s) at a specific point in time. Caring for individuals and society’s holistic well-being requires a commitment to promote social changes to foster their welfare, growth, and transformation into better human beings. Lavinia Dock’s conception of caring as social responsibility provides an excellent structure for nursing education and practice, and indeed, for envisioning new conceptions of democracy and citizenship for a better society.

Indeed, Dock’s life, ideas, and praxis provide a vision of nursing’s service to humanity and its commitment to enhance the holistic well-being of all individuals in society and improve democracy. Her life, ideas, and praxis are also a testimony of her love and compassion for all individuals and her conviction that humans deserve and have

the potential for growth and a better life. Her philosophy and work also attest to her conviction that nurses have a social responsibility to secure the holistic welfare of individuals beyond differences of gender, class, race, religion, nationality, or ethnic origin. Moreover, her re-conceptualization of caring as social responsibility for the overall well-being of others provides a powerful vision for nursing and a gendered understanding of democracy and citizenship.

Re-conceptualizing Caring

Nel Noddings' (1992) contends that "to care and be cared for are fundamental human needs"(p. xi). She defines caring "as a way of being in relation, not a set of specific behaviors" (1992, p. 17) and points out that caring depicts individuals interacting and establishing relationships and bonds with each other. Noddings (1992) adds that these bonds often transcend the individual's immediate circle of acquaintances. This way of being in relation refers to the encounter between two or more human beings, '*carer(s)*' and '*recipient(s) of care*', who interact with each other and satisfy a fundamental need to assist one another. According to Noddings (1992), the carer perceives an individual's need(s) and responds to this call. In turn, the recipient of care receives/feels the caring efforts of the carer. Noddings (1992) contends that caring behaviors are inherent to all human beings.

However, Noddings (1992) also points out that inasmuch as traditional education worships expertise, efficiency and detachment from others, it 'locks' one's natural tendency to be in relation with others and to establish significant caring interactions. She contends that the traditional liberal arts curriculum 'locks in' caring by celebrating male

values such as rationality and abstract reasoning. In turn, education omits or belittles feelings, concrete thinking, and practical everyday activities associated with women's ways of knowing and being in the world. Thus, the development of caring ways of being is often curtailed by the patriarchal nature of traditional education that curtails the development of female values and privileges male ways of experiencing the world.

Accordingly, our educational system does not foster the development of social responsibility among individuals for securing the welfare of others in society. Noddings (1992) argues that education should encourage the emergence of constructive and lovable people. She adds that schools should prepare students for work, parenting, and civil responsibility, "[setting] aside the deadly notion that school's first priority should be intellectual development' (p. 12). As a result of this education, society would embrace values of caring, collaboration, and concern for the well-being of others. The concern for human beings would also displace traditional patriarchal beliefs such as individualism and competitiveness which disavow their humanitarian tendencies to care for the welfare of others in society. Thus, Noddings (1992) believes that individuals can learn how to establish caring relationships with each other. In addition to Noddings' ideas, Jane Addams (1911) points out that human beings' natural sentiments towards universal affection, fellowship, and desire for unity need to be 'unlocked' by education, playing, and meaningful interactions with others.

Caring has always been a main postulate of the discipline of nursing and other service-oriented professions. Nurses have constructed themselves as caring individuals. However, Mary Ramos (1997) contends that "caring in nursing is traditionally seen as a

gentle activity, focused upon an individual and/or family in a specific setting” (p. 15).

Indeed, nurses have constructed caring largely as a warm, involved, and embracing behavior to comfort an individual or group of individuals who are suffering physical or psychological distress.

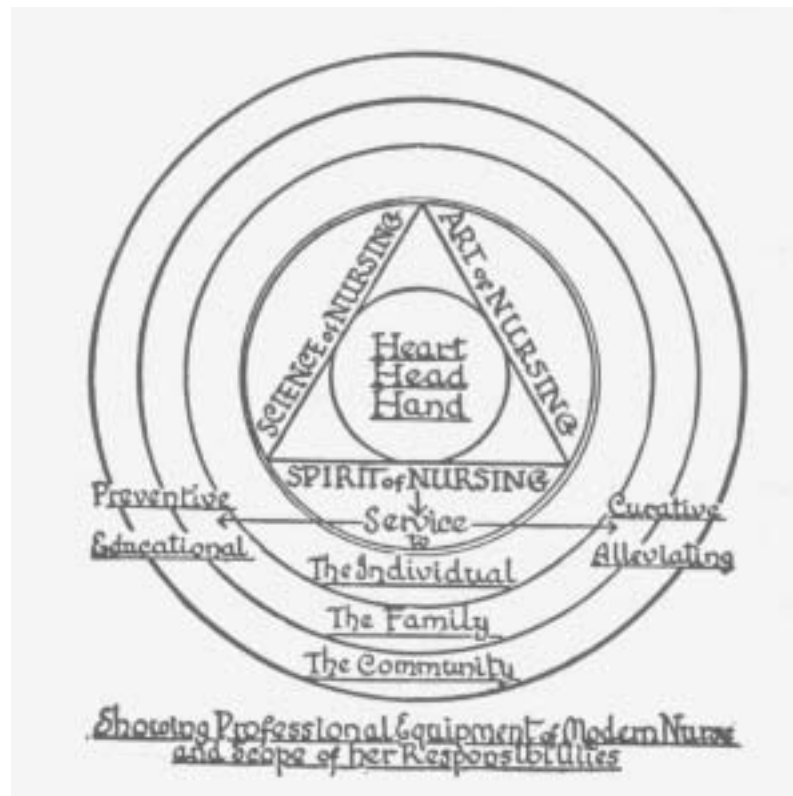
Lavinia Dock’s vision of caring is distinct. She agrees with Noddings in depicting caring as an interaction beyond specific behaviors. At the same time, her conception extends beyond establishing bonds with others, to an interaction that embraces the entire being of individuals. Indeed, Dock’s writings and actions envision caring as an interaction aimed to assist other human beings in the satisfaction of their overall needs to secure their well-being. Dock’s construction of caring embodies the individual and society’s biopsychosocial (holistic) dimensions. Moreover, she depicts caring as the enactment of one’s social responsibility to secure the holistic welfare of others in society *and* the world. Dock envisioned the individual’s social responsibility for securing the well-being of others beyond one’s family, community, or national boundaries to include the whole world. So, her understanding of caring positions it as fostering the overall welfare, growth, and transformation of human beings. She also re-envisions welfare beyond traditional conceptions of financial well-being to include the biopsychosocial being.

Dock enacted a philosophy of caring and social responsibility embedded in the social and political reality of society and envisioned nursing as political. She positioned nurses as agents for democracy promoting each individual’s and society’s holistic welfare. Indeed, Dock’s ideas and her social activism contributed to the betterment of

nursing education and practice. However, her contributions to nursing education and practice and to American democracy have been vastly overlooked and largely ignored by most historical narratives. She played an important role in the development of pressing social reforms which improved American democracy and resulted in a better and more just society.

At the time, Lavinia Dock and the nurses at Henry Street Settlement (HSS) in New York City, dismayed by the lack of access to health care for recent immigrants and the poor, committed themselves to provide them with this care. In the late 19th and early 20th centuries, hospitals were not delivering adequate health care to individuals. In fact, hospitals were usually dirty, smelly, dark, and lamentable places where the diseased poor often went to die. Affluent individuals, on the other hand, procured private care at physician's offices or in the privacy of their homes. In addition, most 'trained' nurses at the time worked providing home care to the wealthy, or in physician's offices, and only a few practiced nursing in hospitals. Notwithstanding, HSS nurses created public health care outside hospital boundaries: they made house calls and delivered care to the poor in the tenements. In doing so, they transgressed the traditional boundaries of health care delivery to the poor. Traditionally, health care was limited to hospitals. HSS nurses brought to public attention the compelling health care needs of the poor and instituted the 'Visiting Nurses' associations that conferred much needed health assistance to the underprivileged.

Lavinia Dock's depiction "Showing Professional Equipment of Modern Nurse and Scope of her Responsibilities" in the 1938 (p. 356) "Short History of Nursing Book"



Chapter 1

Figure

Source: Dock, L. L., Stewart, I. M. (1938). *A short history of nursing*. New York, London: G.P. Putnam's Sons, The Knickerbocker Press.

which she co-authored with Isabel Stewart (see figure on previous page) best describes her vision of caring as social responsibility for the welfare of others and its relationship with society. Although Dock never described this figure, her life, writings, and work provide valuable insights for its interpretation.

At the core of the figure, representing affection, intellect, and abilities, she positioned the heart, head, and hands of the nurse who collaborates with the individual, family, and community (society and the world) to secure their holistic well-being. Surrounding this core, she placed science, art, and the spirit of nursing which assist nurses in enacting their social responsibility in society. Included also in this figure are the preventive/educational and curative/ palliative roles of nurses as they fight diseases (physical, mental, and social conditions including war, prostitution, and poverty) affecting the individual, family, and society at large.

Dock situated nursing and nurses within the larger socioeconomic context as stewards of the holistic welfare of individuals and agents for the improvement of society and democracy. Likewise, her adopted definition of profession as “an organized calling in which men and women pursue some learned art and are united in the pursuit of it as a public service” (Dock & Stewart, 1938, p. 363), has marked social overtones. Indeed, she envisions professions as a calling and an aspiration to assist others in society. Dock’s strong social disposition towards others is also depicted in her characterization of the ‘*spirit of nursing*’ as public service. In her own words, *public service* depicts “a strong impulse or motive prompting one to care for those who are suffering or helpless” (Dock, & Stewart, 1938, p. 6). In fact, collaboration, social responsibility, and caring for the

holistic welfare of individuals and society, figure as main tenets of her vision of nursing and its role in society. Thus, she positioned nursing as political, dealing not only with an individual's health care needs, but with society in general, and advocating for the holistic well-being of all human beings.

Dock ascertained that diseases curtail the growth and transformation of human beings and arrest the betterment of democracy and society. She viewed poverty, war, social neglect, prostitution, white slavery, child labor, epidemics, overcrowded tenement conditions, malnutrition, and sweatshop abuses as diseases affecting human beings at an individual, family, community, and societal levels. According to Dock, health and social needs are inextricable, and as such, they need to be addressed in conjunction with each other. She contended that diseases not only affect the individual, but the community and the world in general; and nurses as stewards of the welfare of individuals collaborate at all levels of society to eradicate misery and illnesses.

Dock also endorsed an internationalist view of the world. She envisioned all human beings collaborating with each other to eradicate misery and diseases and to create a better and more just world for all. Dock viewed the individual as an ensemble of body, mind, and spirit, living and interacting with others within a family structure, community, and the world.

The life and work of Lavinia Dock is captivating and a continual source of inspiration for me. My encounter with her was fortuitous while searching the 'internet' for information on feminism and nursing. Although mesmerized by the unusual representation of a nurse as a 'suffragette and political activist', I was even more

intrigued that in my 25 years as a nurse I had never heard Dock's name before. For the past three and a half years I have been researching her life and work and exploring her vision of caring as social responsibility for the holistic others, her re-conceptualization of welfare beyond financial well-being, and her gendered understanding of citizenship and democracy as pursuing the overall welfare of all individuals, society, and the world.

The Study

The purpose of this dissertation is to explore Lavinia Dock's re-conceptualization of caring as social responsibility for the holistic well-being of individuals, society, and the world. I will also explore the implications of her ideas for conceptions of democracy and citizenship and for nursing education and praxis.

So, this study seeks to answer the following questions:

- 1) How does Lavinia Dock's social activism embody a re-conceptualization of caring as social responsibility to secure the holistic welfare of society?
- 2) What are the implications of Lavinia Dock's ideas of caring, social responsibility, and holistic welfare for a new ideal of democracy?
- 3) What is the significance of Lavinia Dock's ideas for nursing education and praxis?

My interest in Lavinia Dock's life and her understanding of caring as social responsibility for the holistic welfare of society stems from its significance to contemporary nursing and nursing education. Likewise, I believe that her ideas are also relevant to other health care professions and education at large. Her vision conveys a genuine and global concern for human beings and their well-being, growth, and transformation. Hence her ideas provide a gendered understanding of democracy and

citizenship as social responsibility for the overall prosperity of others in society. I also believe that the implications of this study extend beyond the field of nursing into other service-oriented disciplines.

As a curriculum theorist, Dock contested contemporary representations of nurses as technicians and hand-maids to physicians and situated them as political beings, responsible for securing the overall welfare of individuals and society at large.

Following her lead, I propose to re-envision nursing education within a democratic curriculum that disavows traditionally authoritarian learning environments and empowers students as change agents and independent thinkers. I am hopeful that this study will also empower nurses to interrogate and subvert their subordinate position within the health care system and position themselves as effective advocates for the holistic welfare of society.

This dissertation seeks to recuperate Lavinia Dock as a nurse educator, historian, philosopher, writer, feminist, social worker, social activist, and one of many turn of the century progressive women who enhanced the welfare of society and improved American democracy. This study also aspires to promote an understanding of citizenship and democracy that includes caring, social responsibility, pacifism, and the holistic well-being of individuals beyond national boundaries and other differences. This historiography of Lavinia Dock also aims to empower nurse educators and practicing nurses to interrogate traditional notions of caring and embrace caring as social responsibility for the holistic well-being of individuals, society, and the world.

In the following chapters of this dissertation I will continue to construct an historiography of Lavinia Lloyd Dock. Chapter 2 deals with the methodology of the study. Specifically, I address historiography as a liberatory qualitative method that provides spaces to explore complex situations often rendered invisible by traditional Western narratives. Issues related to language, identity, and representation emerge as problematic and add complexity to the text of a *herstory* of a woman. In Chapter 3, I re-present Dock's life and work and discuss her relentless social activism. The socio-economic, political, and philosophical circumstances surrounding her life and work help to deconstruct her story. I also explore some issues in relation to Dock's virtual exclusion from historical narratives. Chapter 4 features her understanding of democracy. Dock's vision privileges social responsibility over individual rights as central pillars for a democratic society and disrupts patriarchal notions of private and public spheres. She aspires to create a better society where individuals embrace traditional female 'housekeeping' values of caring, nurturing, and collaboration to secure the well-being of all individuals. In Chapter 5, I discuss Dock's re-envisioning of democracy and citizenship as global caring beyond national, racial, ethnic, class, or religious boundaries. I also explore her ideas on pacifism which contested contemporary patriarchal conceptions of citizenship as defending one's country. Dock proposes a unique view of globalization and internationalism as integral to human growth and the construction of a more just and democratic world.

In Chapter 6, I recapitulate the main tenets of Dock's ideas and offer some evolving thoughts on the significance of her ideas. I conclude this dissertation by

proposing to re-conceptualize nursing education as democratic and committed to endorse caring as social responsibility. This undertaking requires that nurse educators interrogate the authoritarian framework of the curricula and promote the development of change agents and independent thinkers who challenge a patriarchal and troublesome health care system. The curriculum also challenges nurse educators to assist student nurses with the development of assertive behaviors to promote change and to foster the discussion of political issues affecting society and the delivery of health care. In this, the final chapter of this dissertation, I also explore the impact of patriarchal domination on the discipline of nursing and on nursing education in particular.

Chapter Two

Methodology

The things going on in the world today make my history more than ever of no importance, but I know that Editors must get copy so I will try to help you out (Dock, 1932, p. 22).

[Women need to] reclaim that language which has been made to work against us...and where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives (Lorde, 1984, p. 43).

In the above passage Lavinia Dock (1932) connotes a common sentiment of inadequacy among many women as they often perceive their lives and accomplishments as less compelling than men's. Dock is referring to the position of subordination of women, their dis-enfranchisement from political life, and the urgent need for social reforms. In her view this situation required prompt attention, and now 'more than ever' it made her life story less important to others. Likewise, Audre Lorde (1984) contends that the patriarchal nature of Western discourse has frequently silenced women's voices. She invites them to reclaim their reality in the narrative of history.

Accordingly, writing about a woman's life story presents many challenges. Indeed, Lavinia Dock's virtual invisibility from the historical narrative of nursing, social studies, feminism, and social activism in the USA is not an isolated or uncommon episode in the portrayal of women and their accomplishments throughout history. Carolyn Heilbrun (1988) contends that "male language will not say what women wish to say" (p. 43). As this quote suggests, the rhetoric of traditional history has marginalized

women in general by devaluing female agency in the production of historical events and portraying them as inadequate and lacking complexity (Heilbrun, 1988 ; Lerner, 1993 ; Scott, 1988).

In the following pages I will work to un-pack issues of language, methodology, identity, and representation that come to play in recuperating the life of Lavinia Dock, a remarkable and complex woman who shares many similarities and differences with other women of her epoch.

The Narrative of History

Gerda Lerner (1993) contends that “men with their rational minds, explain and order the world ...”(p. 4) to sustain the patriarchal hegemony. Indeed, drawing mainly from a white, middle-class, male intonation, the traditional discourse of history has been largely written in a patriarchal Western voice that favors men’s depiction of the world. This narrative of single origins, ‘objective’, ‘universal’ meanings, and linear interpretations of progress largely colonizes/silences the stories of women and other oppressed groups in society (Heilbrun, 1988). Margaret Crocco, Petra Munro, and Kathleen Weiler (1999) contend that “telling [women’s] stories in an orderly manner tends to obscure how fragmented and negotiated these lives were” (p. 7). Indeed, the illusion of linearity and progression of Western historical narratives ignores the recursion, contradictions, and complexity of many women’s lives. History often ignores the intricacy and richness of women’s stories concealed under the orderly course of its chronicle.

Women's presence in historical discourse has been scarce, as history has largely reflected systematic political affairs in the public sphere and ignored 'political' actions occurring in the realm of the home, the 'traditional' place for women. In addition, women recognized as 'notable' historical figures have often been judged according to what men deem important (Lerner, 1993). For example, one of the few nurses recognized by traditional historical narratives is Florence Nightingale (1820-1910) who has been distinguished predominately for her nursing role in the Crimean War in the mid 1850s. Throughout history, few women have been singled out for their intellectual or creative contributions, thus depriving future female generations of significant role models who have contributed to the advancement of knowledge and art. Consequently, many women are often bewildered by a feeling of inferiority in relation to men and feel less empowered to assert themselves as 'legitimate' knowers (Lerner, 1993). In addition, they habitually face the prospect of 're-inventing the wheel' as the achievements of preceding women are usually not 'recorded' by history.

Accordingly, the traditional Western discourse has silenced or mis-represented women and their accomplishments throughout history. Its discourse also permeates language and our ways of constructing reality. Indeed, language and the individual's unique position in the world create a particular view of 'reality' which mediates the representation of experiences (Van Maanen, 1995). For example, the few references to Lavinia Dock in traditional historical narratives often depict her as a suffragette, a man-hater, public health nurse, and other 'labels'. These constructions often fail to represent

the complexity and contradictions in Dock's ideas and the wide variety of achievements in her different roles in life.

So, language becomes a place of struggle for women as well as an instrument of resistance to push against oppressive boundaries and recover from the patriarchal oppression of traditional Western narrative (Smith, 1999 ; hooks, 1990). Carolyn Heilbrun (1988) suggests that women should "begin to tell the truth in groups to one another" (p. 68) by utilizing contrasting narratives which speak of their subjectivity and marginality and 'write what cannot be written' by traditional historical narratives. This challenge is not easy, and both energizes and humbles me as a researcher.

As a feminist, this research transforms my work into an act of resistance as it aims to de-center the patriarchal and hegemonic discourse of traditional history and 'Western' meta-narratives that have oppressed women and nurses. Hence, I grapple with the paradox that in recuperating Dock's story, one can legitimate patriarchal epistemology by placing it within current Western hegemonic discourses. So, how does one re-write Dock's story without re-producing the predominant patriarchal narrative? Can one recuperate *her-story* and criticize the patriarchal narrative? How does one write a *her-story* of a woman? Truly, there are no simple answers to such complex endeavors.

Feminists contend that the domination of women is crucial to the survival of patriarchal hegemony (Tong, 1998). Likewise, the traditional narrative of history frequently represents women as inferior to men, subjects to knowledge, and acquiescent beings. The subordination of women, and nurses in particular develops from traditional images created by patriarchy to maintain its supremacy in society. These representations

include the depiction of nurses as technicians and handmaids to physicians, and of women in general as housekeepers, emotional, subjective, and frail individuals who need protection and guidance from men.

Therefore, feminist theory aims to interrogate patriarchal meta-narratives that determine who names and ‘positions’ others in society, who experiences, and who constructs and decides what is knowledge and what is ‘normal’ and ‘legitimate’ in society. In fact, patriarchal dynamics of power and domination rule many aspects of society and the health care system in particular. They largely determine women and nurses’ place in society. Thus, the deconstruction of these representations is central to understand many issues surrounding the life of Lavinia Dock and her ways of being in American society at the turn of the 20th century.

In writing Dock’s life story, one needs to deconstruct patriarchal issues of power and domination of women and nurses in particular which largely embodied her life and energized her activism. Foucault (1984) states that power is local; emerges and flows within particular situations; is not hierarchical; does not travel from the top down; is subtle, easy to overlook, and hard to resist. Dock’s life and work continually developed around different configurations of power. For example, as an upper middle class individual she was usually positioned in instances of power; however, as a woman and nurse she was often subordinated to male figures. Dock’s positions of centrality and marginality in relation to power influenced her ways of being and responding to others.

In her writings, Lavinia Dock, as many other contemporary women, did not explicitly unveil her ideas such as her re-conceptualization of nursing as social

responsibility for the holistic welfare of society or her vision of citizenship for a better democracy. For example, she adopts the phrase “new ideal” (Dock, 1907, p. 899) of society to discuss her ideas on democracy and points to socioeconomic, physical, and emotional issues to address her vision of society’s holistic welfare. At the time, many progressive women utilized every day language and analogies as a less threatening narrative style to subvert society’s resistance to acknowledge them as knowers in their own right. This strategy created new spaces to convey knowledge in a manner that elicited less contention from Victorian society. Moreover, their narrative served to “defuse and deconstruct the patriarchal frame of reference which devalued and trivialized their work” (Lerner, 1993, p. 48). Consequently, one often encounters Dock’s ideas as they emerge from “what wrote itself between the lines” (Derrida, 1991, p. 50), woven within the simplicity of everyday language.

Methodology of the Study

Research for this study included primary sources, like the numerous articles that Dock wrote for several nursing journals in almost three decades of her life and some of her books which are still available. Books from Dock included A Short History of Nursing (1938), A History of the American Red Cross (1922), and A Half Century of Public Health (1921). Lillian Wald’s The House on Henry Street (1935) and Windows on Henry Street (1934) provided excellent background information on the work of Lavinia Dock and other settlement workers at Henry Street Settlement in New York City. Secondary sources included a small amount of articles from nursing journals, such as the ones written by Poslusny (1989), Wheeler (1995), Monteiro (1978), Christy (1969),

and Roberts (1956). Other authors such as Jo Ann Ashley (1997), Sandra Beth Lewenson (1996), and Joan Roberts & Thetis Group (1995) also referred to Dock in their books on feminism and nursing.

In recent years, two scholars, Mary Ann Burnam (1998) and Maureen Ott (1994), have written the two most extensive and well documented works on Dock's life and accomplishments. Both Burnam (1998) and Ott (1994) did an extensive search of Historical Collections at the New York Public Library, Columbia University, Library of Congress, Pennsylvania State Archives, and other sources of historical documents.

Thus, Dock's prolific writing and selected authors' insights on her life provided the data for my re-presentation of Dock's life history and the ideas proposed in this study. The adoption of qualitative methodology for this research such as the narrative of historiography supports the value of this form of inquiry in understanding issues (for example caring, social responsibility, democracy, and citizenship) laden with complexity and multiple layers of meaning. This study confronts Western discourse's claims to objectivity, clarity, linearity, and progressive development; celebrates complexity in the 'origin' and progression of events, and explores margins, centers, and spaces in between events, situations, and interactions among individuals. The historiography that I constructed of Lavinia Dock acknowledges that meaning changes; it is not 'discovered' but negotiated and socially constructed out of some piece of 'reality' and created in a socio-historical context. It also privileges knowledge as approximate, not fixed or final (Britzman et al, 1993), and embraces differences in language as always in flux never arriving at a stable meaning. Indeed, the complexity of the issues surrounding an

individual's life disavow fixed interpretations of particular events and circumstances. Their meaning will change according to the particular situatedness of those who attempt to interpret them.

Thus, the story that I constructed of Lavinia Dock is *one* interpretation of her life and work. As a researcher I acknowledge that any text that one/others write is invested with one's/other's political perspectives, and that truth is contextual and constantly changing. As a qualitative researcher grounded in post-modernism, I feel comfortable viewing 'theories' as partial perspectives of 'reality' and "representations of the world [as] historically and linguistically mediated" (Denzin & Lincoln, 2001, p. 538). In sum, I believe that my interpretations are not final, and Dock's life and work are open to multiple meanings according to the researcher's own positionality in life.

The methodology of historiography challenges modernistic narratives of rationality, objectivity, and detachment from the study, and fosters an interrogation of 'subjective' experiences often concealed by traditional research methods. Thus, this qualitative methodology can guide me as a researcher to "gain truth [as] I expand my constricted eye, an eye that has only let in what I have been taught to see" (Pratt 1984, p. 17). In fact, educated as a nurse and 'trained' within a modernistic perspective that values 'objectivity and real facts' in interpreting events, this project has been challenging, personally enriching, and an exceptional learning experience as a researcher.

Historiography denotes "a process by which the researcher subjectively synthesizes and weaves together a diversity of facts, produces meaning and points out significant relationships" (Sarnecky, 1990, p. 2) in the presentation/interpretation of

historical issues. Thus, this methodology provides multiple spaces and opportunities for the researcher 'to move from silence to speech' (hooks,1990). Thus, historiography gives me the opportunity to enrich the text as I insert my own voice and my socio-political-spiritual situatedness in the interpretation of Lavinia Dock's life and work. Indeed, it affords me the freedom to voice my activism as I react to the intersection of the story with my multiple identities as an individual (Hermes, 1998). This methodology also invites me to probe, to "move beyond fixities, enter into the in-between spaces" (Asher, 2001, p. 3)... [to] write from in-between, contradictory spaces (p. 9)", and to react to Dock's ideas while exploring her re-conceptualization of nursing as social responsibility for the holistic welfare of society.

bell hooks (1990) exhorts us to transgress patriarchal text and weave into our speech and writings not only *who* we are here and now, but *where* we are coming from, and the multiple voices within ourselves as feminist researchers. In fact, regardless of the traditional research methods' claim of 'objectivity', the researcher's positionality is largely present and weaves itself throughout the text. So, challenging traditional methodologies, this study encourages Dock's positionality, my subjectivity, our situatedness, and the readers' own to emerge freely, and surface meanings which are not 'obvious' within traditional historical narratives (Hermes, 1998).

However, in this study I wanted to forefront Lavinia Dock's life achievements; hence early in the research I decided not to deliberately insert accounts related to my own positionality since this would divert the focus from this remarkable woman. Nonetheless,

my self-reflexivity throughout the study as I reacted to the data that I was collecting and analyzing probably ‘filtered’ into the text.

Historiography provides spaces for individuals (such as women and nurses) who are often rendered invisible and silenced by patriarchal narratives to voice their ways of being and acting in the world. This research method can emerge as liberating as it breaks free from traditional methodologies which often conceal complexity, contradictions, and subjectivity. Indeed, historiography crosses boundaries and explores in-between spaces and experiences (such as the subordination of nurses to patriarchal domination and its intersection with their social responsibility for holistic welfare) often neglected by conventional research strategies. Finally, this historiography embraces the richness, complexity, emotions, contradictions, and creativity embedded in Dock’s life and work.

As a retrospective portrayal (a re-presentation) of Dock’s life, “the analysis of the social, historical, political and economic contexts of life story by the researcher is what turns a life story into a life history”(Hatch & Wisniewski, 1995, quoted by Denzin & Lincoln, 2001, p. 539). Thus, this study aims to contextualize the life of Lavinia Dock and situate her within the complex historical events and everyday life experiences which characterized the late 19th and early 20th centuries. This study also aspires to depict Dock’s life with its ups and downs and present her as many other women of her lifetime: “as tragic figures - fallible, fragmented and damaged human beings, who became persons of accomplishment, not only of deeds and actions but of a sense of self as well” (Crocco, Munro, & Weiler 1999, p. 8). In writing this historiography I intend to avoid

representing Dock as a heroine and romanticizing her life as this would devalue her contradictions, struggles, and the overall complexity of her life and actions.

Grappling with Identity/Identities and Representations

In this study I grapple with many ethical and power issues related to identity and representation as they affect my interpretation of Dock's life, writings, and praxis of caring as social responsibility for the holistic well-being of society. The complexity, tensions, and contradictions embedded in these issues are visibly/invisibly woven into the narrative of this historiography. I embrace this reality and work with/within this situation.

Some of these tensions concern Dock's many selves (Caucasian, upper middle class, educated, woman, nurse, educator, writer, historian, settlement worker, feminist, social activist, pacifist) and their intersection with my own selves and situatedness (woman, wife, nurse, educator, researcher, feminist, Latina, recent USA citizen and immigrant, born and raised in a so-called 'third world country' within an upper middle class family). Nina Asher (2001) contends that in order to conduct qualitative studies with integrity, one needs to acknowledge professionally what one undergoes personally as a woman of hybrid identities situated at the center/margins of patriarchy. I will explore some of these tensions later in this section of the chapter as I work the hyphen between self and Other (Fine, 1994). Indeed, I intend to interrogate in a self-reflexive manner the tensions and intersections of the ways of being in the world between myself (researcher) and Dock (researched), explore the spaces between self and Other, and reflect on what is and is not being experienced at this juncture. For example, there are

instances in the life of Lavinia Dock, such as her staunch social activism and willingness to go to prison for her convictions which appear problematic. It is difficult for me to gain an appreciation for this aspect of her life as I have not experienced a call for a cause in such a passionate manner. This area seemed complex and difficult for me to explore.

As a researcher, my ways of being and experiencing could ‘colonize’ the narrative of the study with “authoritative accounts that [serve], however inadvertently, not only to establish the authority of the [researcher] over [‘Others’] but also to sustain [patriarchal] authority over [the ‘Other’]” (Denzin & Lincoln, 2001, p. 298). In turn, the insight gained from the analysis of my own situatedness and its intersection with Dock’s own life experiences and ways of being in the world enriches the study and the complexity of the interaction between researcher and researched.

Thus, challenges of this study include interrogating my own situatedness and reflecting on how it influences my interpretation of the data (Denzin & Lincoln, 2001 ; McLaughlin & Tierney, 1993). Another quandary relates to an objectification of my own subjectivity, positioning myself in an authority role as researcher without reflecting on this powerful position (Villenas, 1996). I am mindful of how power circulates between myself as researcher and Dock as the research subject. Actually, there are power concerns within/between our fluid positions of centrality and marginality, and in relation to *who* is being represented, *why*, *by whom*, and *how* I interpret these dynamics within my own situatedness. For example, as researcher I am located at the center; while as a nurse, woman, Latina, and recent immigrant I am often positioned at the margins of society. Likewise, Lavinia Dock as an American-born, Caucasian, upper-middle class, and

educated individual is situated at the center of society; whereas as a woman and a nurse she can be placed at the margins. I intend to consider these complex power positionalities of center and marginality as I interpret many of her life actions.

Indeed, my own interpretation of life events, writings, activities, work, and ways of being embody a significant portion of Lavinia Dock's historiography. Thus, the continuous self-analysis of my own positionality may deflect a colonization of the narrative. I aim to honor Dock's individuality and avoid silencing her voice with my own positionality. Indeed, one of the goals of this historiography is to represent her as the "agent of complex, partial, and contradictory identities that help transform the worlds [that] we inhabit" (Denzin & Lincoln, 2001, p. 545). I intend to write an historiography of Lavinia Dock in a manner that enables me to interrogate in a critical and self-reflexive way *her-story* and ideas and to express my own voice and situatedness in relation to her contributions to nursing and society.

Writing the life story of an individual presents additional challenges. I contend with the tensions and ethical concerns that emerge from the re-presentation of Other, in this case of a woman who is not alive and whom I only know through her own writings and those of others. As a researcher, I am working through the discomfort of re-presenting a woman who lived in the past century, who was born in a different culture than mine, and who I can also view (in my reality as a recent Latina immigrant) as member of a group which often positions me as Other.

In addition, Dock's occasional stereotyping of Others offends me. At times I confront my own anger when some of her writings denote negative stereotypes about

foreigners, as well as her sporadic privileging of Jewish culture over others. However, racial and ethnic stereotypes were not unusual for her times. I acknowledge that Dock struggled with some stereotypical pre-conceptions which at times clouded her judgment. I also embrace Audre Lorde's (1984) contention that "as a tool of social control, women have been encouraged to recognize only one area of human difference as legitimate, those differences which exist between women and men" (p. 122). Patriarchy has traditionally encouraged ethnic bias and other stereotypes against 'Other' to secure the supremacy of male conceptions as a standard for normalcy in society.

However, in spite of living among the poor and underprivileged and crusading for their human rights, Lavinia Dock was probably regarded as 'Other' by her neighbors in the Lower East Side of Manhattan. In fact, as an American-born, white, upper-middle class, educated woman she was brought up in a situation of privilege dissimilar to that of the immigrants and poor. At the same time, her position as a woman, nurse, settlement worker, and activist who chose to live among the poor relegated her as an Other among many members of her own socio-economic class.

Nonetheless, Dock utilized this marginality "as a space that is not a site of domination but a place of resistance" (hooks, 1990, p. 151). Indeed, her personal experiences with oppression as a nurse and woman living among under-privileged conferred her the knowledge, experience, and motivation to crusade for much needed social reforms largely overlooked by society.

While developing this historiography, I also grappled with the fact that as Dock's story was being 're-written' she did not have the opportunity to react to the identity that I

constructed of her, nor to my interpretation of her life and work. In turn, as Dock is not alive, this deprived me of the opportunity to ‘validate’ my thoughts with her and enrich the study with her feedback. The following questions were forever present throughout this historiography. Is the narrative mis-representing her? Is this historiography further silencing her voice? Nonetheless, I am aware that even if I had the opportunity to get Dock’s reaction to my re-presentation of herself, it would still be my story and not hers as my writing is mediated by my own situatedness in the interpretation of her life and accomplishments.

In summary, as a researcher positioned in a post-modern and feminist perspective and situated within a particular life context, I *participate* in the creation of the data that constitutes the historiography of Lavinia Dock as I weave in my own situatedness into the story. Who I am influences the data that I gather as a researcher and how I interpret it. In fact, I wonder if my perceptions and interpretations would be different if I were not a nurse and a feminist nurse. Would it be different if I were a Caucasian male physician?

Acknowledging my subjectivity, I disclaim the existence of un-disputable truths, the illusion of objectivity by the researcher (or historian), and the myth that one can ‘sterilize’ the stories that one writes from all emotion and interpretations. I embrace the potentially liberating method of historiography which invites a feminist interpretation of an individual’s life and challenges traditional Western narratives that minimize and ignore women’s agency in the production of historical events.

Dock's Virtual Exclusion from Historical Narratives

Before concluding this chapter, I will explore some issues in relation to Lavinia Dock's virtual exclusion from historical narratives. I deem that these circumstances also influence the development of this historiography. For example, Dock decided to exclude her personal life in most of her writings and was reluctant to talk about herself. This made it particularly difficult at times to interpret some events, to construct a more vivid picture of Lavinia Dock as a human being, and to envision the special circumstances in her life as they relate to her work.

Thus, for many and compounded reasons, Lavinia Dock has been greatly overlooked by contemporary nursing discourses and virtually excluded from the historical narrative of feminism and social studies in the USA. In fact, she is one of the most neglected women activists, nurses, educators, and pioneer leaders in the nursing profession and in the history of feminism and social activism in this country. Today she is largely unknown to most nurses and to women in general. Her contributions to nursing, education, social reform, and the feminist movement in the U.S.A. are vastly ignored. The reasons for this oversight are still not clear to me. What was Lavinia Dock's role in this omission? Did she consciously 'Other' her *self*?

Actually, Dock deferred her own agency and grounded her identity/identities in her work as a settlement worker, public health nurse, educator, feminist, social reformer, suffragist, and pacifist. In her writings, particularly in her History of Nursing books she did not list herself among other contemporary nursing leaders, nor did she include her contributions to the feminist movement, public health nursing, nursing education, and

Henry Street Settlement. Dock's narrative omits her remarkable accomplishments in many areas of society. It is apparent that reaching her social goals for the betterment of individuals and society in general was more compelling for her than depicting her agency in accomplishing them.

However, the deferment of her own agency and the representation of herself as 'un-important' is not unique for Dock's time and reflects a narrative of self-deferral characteristic of early 20th century women inserted within Western patriarchal culture. Carolyn Heilbrun (1988) contends that 19th century women often portrayed themselves as caring, perceptive, and acquiescent, and seldom as executive in spite of their own accomplishments in life. She points out that they probably utilized this strategy to subvert patriarchal resistance. Indeed, women often enacted change by downplaying their role in society. Heilbrun (1988) adds that women's "identity is grounded through relation, [women] do not feel able to write openly about themselves; even with it, they do not feel entitled to take credit for their own accomplishments" (p. 24). According to Heilbrun, women's sense of self relies in their relationships with the world, it comes forth as communal and disavows individualistic pursuits. For example, when asked to write biographical notes for a nursing journal Lavinia Dock maintained that "the things going on in the world today make my history more than ever of no importance, but I know that Editors must get copy so I will try to help you out" (Dock, 1932, p. 22). In this same piece, she downplays her achievements and depicts a mediocre image of herself.

I learned to read at an unusually early age and read all sorts of everything but had few definite thoughts - no quick wit - made no bright remarks... You will not like to tell your inquirers that I was never a really good nurse yet that is the truth. I continued

to be too easily satisfied - not keenly observant -hazy, rather than dreamy- not sufficiently vigilant -too optimistic-I continued to do only the things I liked - my feelings for my patients were compassion, or commiseration, or sympathy, rather than a warm personal care...I was not unconscious of my defects but never eradicated them...For my mind was a one-track one and in absorption over the immediate I lost track of the horizon...never began to think until I went to Henry Street and lived with Miss Wald...(1932, pp. 24, 25)

Dock contends that she achieved social and political consciousness in her interactions with others, specifically at Henry Street Settlement where she visited with prominent progressive women, met immigrants with diverse ways of being, and experienced firsthand the realities of poverty and misery in the ghettos. She suggests that her knowing emerges out of relations and experiences with others and not out of a solitary and independent epiphany.

In her Self-Portrait article Dock also contended that “the History [her book A History of Nursing] I would never in the world have thought of by myself. It was entirely Miss Nutting’s doing as it had been her dream” (1932, p. 26). However, both the History of Nursing that she co-authored with Adelaide Nutting, and A Short History of Nursing with Isabel Stewart were largely written by Dock. Later in the Self-Portrait article she reluctantly concedes that “because she [Nutting] was head of the JHH [Johns Hopkins Hospital] school, to do much of it herself was out of the question. Overburdened with many cares, she had no time for writing. She did however write two chapters...” (1932, p. 26). Dock’s hesitance to represent herself as author of many pieces and generator of many ideas and endeavors probably contributed to her relegation as a secondary figure in historical narratives. In fact, Lillian Wald often identified Dock as a

mentor and often relied on her wisdom and conceptualization of ideas. For example, in a 1918 letter to Dock at her place of retirement, Wald requests her assistance in writing a book and comments that “whenever Miss Nutting [Adelaide] & I meet we discuss the tragedy of not having you do the writing for us all, for nobody else can do it as you can” (Wald, 1918, quoted by Ott, 1994, p. 131).

One needs to question whether Dock had any particular motives for deferring her own agency. If so, do I have the right as a researcher to recuperate and make public her life and accomplishments when it appears that (even though she wrote several books and journal articles) she preferred to position herself at the margins and not at the center of the public arena? Although I continue to grapple with these concerns, I feature her life and work as a way of sharing her understanding of caring as social responsibility and her conception of holistic welfare for all individuals and for the entire world. My expectation is that these conceptions could greatly enrich the theory and praxis of service-oriented disciplines such as nursing and that their enactment could improve our democracy.

Finally, Dock’s relentless social activism, especially her passionate role in the suffragist movement and her pacifism during World Wars I and II, created tension with many nurses, including her close friends Lillian Wald and Adelaide Nutting. Wald did not agree with Dock’s passionate activism and pleaded with her on several occasions not to get herself arrested for civil disobedience. For instance, in an October 23, 1917 letter to Dock, Wald states “...[I] tell you from the bottom of my heart that I hope you will not feel that you have to go to jail gain...I cannot bear the thought of it” (Ott, 1994, p. 126).

Although admiring and respecting Lillian Wald, Dock did not follow her advice. Her urge to change society was strong, and she would not deviate from her chosen path.

Probably, Dock generated resistance among some of her more conservative and less militant colleagues by aggressively pushing and re-defining boundaries for nurses and upper middle class white women. Dock enacted her activism at a time when women (nurses) were expected to be docile and demure and not question the dominant patriarchal canons which oppressed them. Indeed, Lillian Wald has described Dock as being “at times fierce in her denunciations” (Wald, 1934, p. 47). It has also been speculated (Estabrooks, 1995) that such tensions may have contributed to her departure from HSS in 1915. However, other sources (Daniels, 1989) point out that Dock left the settlement due to family reasons.

Dock re-affirms this motive in her Self Portrait (1932) article for a nursing journal. In fact, she left HSS and resigned from its board in 1915 at the age of 57 to take care of her sister Margaret who became disabled with arthritis. Dock still enjoyed a close friendship and sisterhood with Lillian Wald, and she comforted her during the illness that led to Wald’s death in 1940.

The life and work of Lavinia Lloyd Dock provides much insight on the lives of many other progressive women who lived at the turn of the 20th century and have been largely silenced in the narrative of history. This narrative has traditionally portrayed men as subjects and agents of events, and women as objects and passive followers with no participation in the great accomplishments of humanity.

Recuperating women as historical subjects in their own right embodies unique challenges such as those explored in this chapter. However, Dock's life story needs to be told, and her achievements honored. Her ideas can enlighten many in society and nurses in particular to become better citizens and improve democracy. In the next chapter I will begin constructing Lavinia Dock's life history by discussing the enactment of her social activism and her social responsibility for the welfare of others.

Chapter Three

Social Activism and Social Responsibility

If their [religious nuns] paths were strewn with the wrecks of social justice they patiently and untiringly bound up the wounds and nursed the victims without a protest. If their hearts ever broke under the weight of preventable misery amidst which their lot was cast, they broke in silence. We have cast off their shackles, because we refuse to be cut off from the world about us. We have declared our principles to arise from another basis than theirs (Dock, 1907, p. 896).

In this excerpt from a 1907 address at a nurses's convention, Lavinia Dock summons her audience to exercise their social responsibility and pursue the holistic welfare of society. She alludes to an epoch in history when nursing care was largely provided by nuns and religious orders and reminds nurses that their outlook on life was vastly different than contemporary lay nurses. Nuns were bound to a religious faith that promised a better life in heaven and believed that all suffering on earth would be rewarded after death. According to this view, individuals should endure misery and await for an eternal life of happiness in heaven. Challenging this notion -which presumably induced nuns to remain passive in front of social injustices- Dock contends that nurses have now 'removed the shackles' that bounded nuns and should enact their social responsibility for the well-being of others in society. In her comments, Dock appears to condemn the apparently passive behavior of nuns and their lack of active engagement in procuring social reforms to improve the well-being of all individuals.

Dock's vision of caring as social responsibility for others embraced the holistic welfare of all individuals and society beyond gender, age, race, ethnicity, class, religious

preferences, and national boundaries. Her social activism enacted her belief that nursing is political, and that caring extends beyond the treatment of physical and psychological illnesses or singular individuals. Acknowledging that illness arises from poor social conditions and inequalities among individuals, she committed herself to improve the overall welfare of society. Her experiences as a nurse and settlement worker raised her awareness of the deplorable social conditions faced at the time by the poor and underprivileged. Likewise, the realities of overcrowded living conditions at the tenements, child labor, white slavery, prostitution, lack of access to quality education, sweatshops, and factory's unsanitary conditions were much responsible for the spreading of health epidemics. In addition, Dock believed that society and its social evils would not change and improve without the enfranchisement of women. In turn, this lead her to work diligently for the suffragist movement and the enfranchisement of women.

Thus, her social awareness convinced Dock of the un-democratic circumstances faced by American society at the turn of the 20th century and compelled her to crusade for much needed social reforms. This brought about Dock's passionate social activism as an expression of her strong commitment to caring as social responsibility for the welfare of society and the world. She enacted her ideals in a variety of roles such as public health nurse, settlement worker, educator, writer, historian, feminist, suffragist, and pacifist.

According to Dock, caring includes the socioeconomic illnesses of individuals and society at large. Hence, she challenged nurses to play an active role in the public sphere and positioned them as agents for the betterment of society and democracy. In this chapter I re-present Lavinia Dock's life and work and discuss her relentless social

activism to improve democracy. I situate her life, ideas, and praxis within the socioeconomic, political, and philosophical circumstances confronted by late 19th and early 20th century American society.

The Roots of Her Social Activism

Lavinia Dock was born in Harrisburg, Pennsylvania on February 26, 1858 during the tumultuous years before and after the Civil War. She died in 1956 at the age of 98 almost a decade before the 1960s American Civil Rights Movement. She was one of six children (second of five daughters and one son) of an educated, landowning, affluent, and philanthropic white middle class family. Both her grandfathers were American born of German descent; and her grandmothers were also American born, one of English descent with Quaker-Hicksite religious background, and the other of French, supposedly Huguenot ancestry. Dock's family lived for some years in Dauphin, Colorado where her father, a businessman, was involved with the coal industry, but later moved back to Pennsylvania.

In Dock's ancestry there were precedents of social service and activism among her relatives. Her father, Gilliard Dock was the son of a county judge and the grandson of a Revolutionary War soldier (Burnam, 1998). Dock's maternal grandfather assisted Dorothea Dix (1802-1887) -a schoolteacher, humanitarian, and reformer in the field of mental health care- in founding a mental hospital near Harrisburg where he served as an early trustee. Dix also served as superintendent of nurses for the Union Army (Kalisch & Kalisch, 1995). Dock's mother, Lavinia Lloyd Bombaugh Dock, was the daughter of an abolitionist who attended Pennsylvania soldiers in the army camps during the Civil War

(Burnam, 1998). Dock was brought up in an environment that emphasized respect for others and solid moral standards of honor and honesty. She described her parents as well educated and with liberal views (Burnam, 1998), although she contended that her father had some “whimsical masculine prejudices” (Dock, 1932, p. 22) and her mother as “broad on all subjects and very tolerant and charitable to all persons” (p. 22).

The Dock children were educated in private schools and became accomplished in different areas of interest. Lavinia Dock received a traditional Victorian education in art, literature, music, and language befitting a 19th century white middle class woman. She had fond memories of her childhood, as a girl “who was easily satisfied, happy-go-lucky, not exactly dreamy, but placid and good-humored, with a quick flash of temper sometimes which was soon over and forgone” (Dock, 1932, p. 23). Indeed, her childhood was happy and sheltered from American society’s social problems at the time, such as the human cost of industrialism, the wide gap between rich and poor, racism, and the social and health problems affecting the under-privileged.

In their adult years, Lavinia Dock and her sisters transcended the traditional Victorian canons established for white, middle and upper middle class women at the time. These canons of ‘domesticity’ included marriage, a commitment to the private sphere (home), and subordination to male authority. At the time, education and marriage were positioned as incompatible; so women had to choose as a way of life either marriage and motherhood, or higher education (Lerner, 1993). Domesticity and the separation of private and public spheres also curtailed women’s recognition as citizens and prevented their participation in the democratic process (Munro, 1999 ; Evans, 1997 ; Bock &

James, 1992 ; Phillips, 1991; Pateman, 1989 ; Cott, 1977). Challenging domesticity and the private/public binary, Dock rejected women's confinement to the home because it restricted her ability to pursue further education and step into the public world of higher education and work. Thus, she left home to become a nurse, chose to remain single, embraced settlement life, and became a social activist crusading for suffrage and much needed social reforms.

Even at a young age, it is evident that Dock was not attracted by the ideals of 'domesticity', she writes:

I never felt attracted to the domestic hearth. Nor did I ever want children of my own. Yet I am fond of the little things and can't endure seeing them mistreated or misunderstood (Dock, 1932, p. 25).

In fact, as a little girl, she was already disrupting traditional Victorian representations of women: "I was fond of outdoors- of the features of nature, the hills and the little streams, and of pets. I never cared for dolls nor had any..." (Dock, 1932, p. 23). However, the transgression of societal canons often brings about criticism and rejection from individuals who disapprove of deviations from old social traditions.

Dock and other contemporary feminists did not escape innuendos in relation to her sexual preferences. Yet, her own writings and those of others (Burnam, 1998 ; Roberts & Group, 1995 ; Ott, 1994 ; Reznick, 1973) provide no evidence of current representations of lesbianism in her relations with other women. Certainly, the strong bond of sisterhood characteristic of many progressive Victorian women often manifested itself in loving and elaborate forms of addressing each other such as 'beloved lady', 'dearest friend', 'I long to see you again', and other terms of endearment. This way of

being could be interpreted as an act of patriarchal resistance to the traditional dichotomy in male and female roles constructed by Western society which dictates ‘appropriate’ same gender relations. Likewise, William Pinar (2001) contends that the conception of ‘homosexuality’ had not yet been invented in the pre-Freudian 19th century era, and these “intense-to us obviously erotic- female-female friendship (and male-male friendship) coexisted harmoniously with male-female courtship and even marriage”(p. 255).

Very little is known of Dock’s romantic life which she described as “un-sentimental” (Dock, 1932, p. 25). At the age of seventeen she was attracted to a young Polish musician named Adamowski, who was quite famous at the time. In a Self-Portrait which she reluctantly wrote for the American Journal of Nursing (1932), she explains that “I did not think of him as a handsome young man but did feel awed by the fact of his being a famous musician and I greatly enjoyed his sitting beside the piano humming and beating time while I played” (p. 25). Nevertheless, her infatuation ended when she overheard him saying “in a casual, patronizing tone: She should make a good wife” (p. 25). Dock contended that

something in his manner conveyed a sense of inferiority. I felt keen mortification, also a sense of alarm. In a flash I seemed to see my freedom gone, myself perhaps a household drudge, and no way out. I said to myself ‘I never will’ and that impression stayed with me all my life...(1932, p. 25)

Dock had not yet articulated her feminist ideas, yet it is clear that although still an adolescent she rejected society’s domination of women. So, while her formal school education ended at the age of 16, she continued to learn by reading books from the large

family collection. She also had a good sense of humor, loved music, and was an accomplished pianist and organist.

As a youngster, she played at Church more for the joy of music than for religious purposes. In fact, she admitted that “my first experiments in thinking showed me that I had no religious beliefs and that I felt no need for them...had gone to Church and Sunday school because the other girls did” (Dock, 1932, p. 24). Again, Lavinia Dock disrupted the traditional representation of upper middle class women as devout and religious. Yet, although she did not endorse any particular religion, her writings often denote her spirituality and frequent references to Jesus Christ.

All these became plain to me in my life on the East Side as there I met in person working men of exactly the type of Jesus - learned of their lifelong ideals for a better life for all humanity and saw their struggles and their persecution in the Labor Movement (Dock, 1932, p. 25).

Indeed, spirituality and a strong sense of social ethics -characteristic of many progressive women and men- underlined Dock’s life and praxis of caring as a social responsibility for the welfare of others in society. Furthermore, her Quaker family background may have played a role in her reverence of Jesus Christ and her inclination for simplicity and modesty as a way of life. It may have also influenced her passionate pacifism and stance against war which I will discuss in Chapter 5 of this dissertation. Indeed, Dock lived through the horrors of World Wars I and II, the Spanish-American War, and Korean War, and was deeply disturbed with the loss of human lives. She became a committed pacifist.

It is not clear what triggered her decision to become a nurse. Dock never thought of becoming a nurse “until well on in my teens I had never had occasion to think of

illness-nor had the concept ‘hospital’ come to my mind in any way. When I was 18, my mother died after a rather short illness, and then I showed, as she thought, some instinctive gift at making her comfortable, more than the others” (Dock, 1932, p. 23). In 1884 at the age of 26, Dock unexpectedly announced to her family that she wanted to be a nurse and enrolled at Bellevue Nursing School in New York. Two years earlier, she had read an article published in The Century Magazine about “A New Profession for Women”. This piece described nursing and the life of student nurses at Bellevue Hospital. After reading it she commented “well I think I’d like to do that” (Dock, 1882, quoted by Burnam, 1998, p. 21). It appears that she did not elaborate on this comment any further.

Not surprisingly, her decision to become a nurse brought about much criticism from Harrisburg’s society as nursing education was just emerging in the USA, and the image of nurses portrayed at the time was still unsuitable for a Victorian lady. Some friends of the family argued that this was ‘disgraceful’, and one acquaintance commented “Oh, I thought the Dock girls were ladies” (Burnam, 1998. p. 21). However, nursing and teaching in the late 19th and early 20th centuries were some of the few options available to women who wished to pursue further education and step outside of the home into the public sphere.

Dock’s subsequent roles as an educator of student nurses at Bellevue, Johns Hopkins, Cook County Schools of Nursing, and Columbia University Teachers College gave her much insight on the issues facing nursing education at the time. Teaching nurses increased her awareness of the oppressive domination of physicians over nurses

and the implications of curtailing their role in society. Moreover, her active participation in developing nurses organizations within the USA and overseas was an invaluable source of information on issues affecting the teaching and practice of nursing both at national and international levels.

In early adulthood Dock was short, had curly hair, and a plump appearance. She was very active, bright, enthusiastic, articulate, opinionated, and at times confrontational. Shortly after her mother's premature death in 1874 of unknown causes at the age of 44, her family experienced serious financial difficulties due to a business collapse. Nevertheless, in Victorian society, work was not considered socially acceptable for a white middle class woman, despite financial urgency. Sheila Rothman (1978) states that at the time, "to work openly had almost as much shame about it as to take charity; somehow or other, the truly prudent family would have saved for a rainy day"(p. 85). Unfortunately this was also the prevailing sentiment about poverty, which often resulted in contempt and lack of compassion for the situation of the poor. Dock was 16 years old and had not yet developed an awareness of the oppressive nature of these stereotypes. So, she did not challenge them and stayed home to help her older sister Mira in the care of her younger siblings. At the time, her sister Emily was only seven years old.

Soon family life regained its comfortable financial stand and everyday living at the Dock home continued to be sheltered and care-free. Voluntary work and collaboration with others were several of Dock's traits. She often worked for free or donated her salary to other people or social institutions. She never turned down an

appeal for help and was very generous with her money. In a 1905 letter to Lillian Wald, her dear friend and head of Henry Street Settlement (HSS) she wrote:

... what I would like to do for about 3 months this summer is to relieve Jane [Hitchcock] and Henrietta [Van Cleft] those good pillars so that they could keep their salaries and not pay a substitute- If there's any humble post in which I could be useful for relief work- I feel very rusty but I would like to make some little return for my good time [in Europe] by volunteering for them (Ott, 1994, p. 99)

In another letter to Wald, Dock offers her financial assistance after Wald's brain surgery in 1925. She writes: "Dearest- I could now scrape up some money if you need...." (Dock, 1925, quoted by Ott, 1994, p. 157). Dock had worked with Lillian Wald at HSS in New York City, and they remained close friends until Wald's death in 1940.

At a personal level, settlement work emerged as a transformative experience for Lavinia Dock. Her experiences as a settlement worker were crucial in her personal and professional lives, and energized her social activism on behalf of the underprivileged. She wrote: "I never began to think until I went to Henry Street, and I lived with Miss Wald... but as I then began to reflect I saw that I had always had certain inarticulate instincts that were sound: a strong sympathy with oppressed classes, a lively sense of justice and a keen love of what we mean by freedom and 'liberty'" (Dock, 1932, p. 24). Settlement life, the daily interactions with other progressive women, and the valuable experiences that she lived with immigrants and the poor advanced Dock's ideas on social justice and deepened her social activism for a better democracy.

Dock believed that labor organizations and mutual collaboration empowered individuals to effectively press for the enactment of social reforms and improve the well-being of society. She actively participated in the Labor Movement and organized, with

Leonora O'Reilly, the Women's Local of the United Garment Workers of America.

Dock also walked the picket lines in the 1909 shirtwaist strike as a member of the New York Women's Trade Union League and urged nurses to boycott products manufactured at sweatshops. She writes:

Nurses, from the nature of their work, are almost certain to buy most of their under and outer garments ready made. We think too that, ignorant of the circumstances of their fellow-beings who work at the machines in the factories, they too often go to the bargain counter or to the stores where great sales of cheap clothing are advertised, quite unconscious of how much harder they are making it for the workers to live. We have seen these horrible sweat-shops, the thought of which rises like a nightmare behind every counter of cheap clothing. It is there that people are made ready and started in tuberculosis, and that germs of scarlet fever, measles, and shin and eye diseases are cultivated so thoroughly that all our boiling and baking afterwards are of little account...What can we do is for each one, when purchasing, to ask if the firm has the desired article bearing the label of the league, and to explain that we wish it because it means fair conditions of work for the worker...In almost every large city now are to be found retail stores which keep these decently made goods, but even if they cannot be found, we keep on asking for them before we finally purchase, for in this way the demand is created, and presently the retailer will be induced to buy from the manufacturer who sells the righteously made clothing" (Dock, 1901, p. 777).

In this compelling piece Dock shares with the nurses the deplorable reality of sweatshops, and the health hazards that they presented to the workers and the public due to the unsanitary conditions under which these garments were manufactured. She challenges nurses to boycott these clothes as a strategy to end the abuse of immigrants subjected to labor exploitation and a polluted working environment. Dock's experience with sweatshop workers and her cooperation with the Labor Movement brought new understandings and radicalized her political views and social activism. She writes:

Learning something of the historic labor movement and its significance for humanity I became a radical in my opinions - hopes and beliefs... Yet that is what true revolutionaries do [to live as a radical] and it is what Jesus said should be done (Dock, 1932, p. 25).

Dock learned from and reflected on her experiences, and these constituted the basis for her social inquiry. She contended that “...next I learned to see the process of Evolution in human society, and this is more plainly as I read, or was told, or saw the downtrodden & miserable existence of the world’s workers. This gave me the revolutionary coloring that is now a definite part of me” (Dock, 1947, quoted by Burnam, 1998, p. 78). In fact, her work with the underprivileged showed her the inhumanity of the principles espoused by Social Darwinism. So, challenging the ideas of ‘survival of the fittest’ Dock embraced the views of the Reformed Social Darwinist movement and also endorsed socialist conceptions. She argued that “poverty must be recognized as a social maladjustment capable of being abolished by intelligent cooperation...[it is] the fruitful cause, rather than the result of illness and misery, though there [is] often a vicious circle” (Dock, 1921, p. 441). Indeed, Dock perceived poverty as a social disease and contended that civic evils could be defeated with communal aid and collaboration. Her social activism was empowered by this conviction which in turn fueled her relentless commitment to improve the social conditions of the poor and underprivileged.

So, Lavinia Dock and other progressive, educated, mostly white middle class women devoted themselves to better the lives of the poor and immigrants. For example, the work of HSS nurses providing health care to the destitute and preventing contagious diseases through health teaching notably improved the well-being of their neighbors in the Lower East Side of Manhattan. Most notable, HSS nurses significantly decreased the

incidence of contagious diseases in an era when antibiotics did not exist. Indeed, the social activism of Lavinia Dock and other settlement workers profoundly influenced American society and was pivotal for the enactment of much needed social reforms which improved our democracy.

Dock's strong sense of social responsibility for the holistic welfare of others and her experiences as a settlement worker led her to the conviction that social reforms would occur only when women gained access to suffrage. At the time, women remained disenfranchised, and the emergent feminist movement was crusading for a Constitutional Amendment to achieve female suffrage. Dock's social activism for the disenfranchisement of women was compelling, and she was willing to go to jail to attract publicity for the suffragist cause. In fact, shortly after she moved to New York City following her 'sabbatical' year at home in Harrisburg following her father's death, Dock was arrested (one of several times) for attempting to vote. She was jailed again three times in 1917 for participating in militant demonstrations during Wilson's presidency. The police's treatment of suffragists (and pacifists) had become increasingly harsh, and when taken to prison in 1917 for picketing at the White House Dock suffered a severe leg injury during a confrontation with the guards. She was 59 years old and served 43 days in prison. Lavinia Dock was one of five women who made a thirteen-day suffrage hike from New York City to Albany in 1912. In addition, in order to raise funds for the suffragist cause she often sold suffrage literature at Piccadilly Circus (London) during her business trips as secretary for the International Council for Nurses.

In 1913 Dock joined the National Woman's Party led by Alice Paul and devoted much of her time and skills to crusade for women's suffrage. Her activism in favor of this call took place mostly during and after her HSS years. I will explore Dock's complex positionality in relation to suffrage in Chapter 3 of this study.

Dock's Life and Her Accomplishments as a Nurse

It is possible that the Dock family's diverse interests enriched the interactions among them and that their close ties as siblings supported and invigorated each other's experiences and endeavors. All the Dock girls remained single and never married. Mira was the oldest among the Dock children, and then came Lavinia, George, Margaret, Laura, and Emily. Mira (1853-1945) studied botany at the University of Michigan, and like Lavinia, she was also a feminist, and a suffragist. She was a member of the Pennsylvania Forestry Reservation Commission and was very active in civic activities. In her early fifties Mira built a home outside of Fayetteville where her sisters later lived with her until their deaths. She often traveled with Lavinia to Europe to attend their respective professional meetings.

George (1860-1951) was the only brother. He was a physician, a writer, professor and researcher, particularly interested in medical history. He was married, lived in California, had two sons and also served as a surgeon during the Spanish-American War and World War I. Although Lavinia was often involved in passionate arguments with physicians and distrusted them, it appears that she enjoyed a close and loving relationship with her brother.

Margaret (1862-1938) was one of three younger sisters and took care of the house and the family's financial matters until she became disabled with arthritis. Margaret and Lavinia went on a two-year trip to Europe in 1903 where they visited Florence, Venice, Rome, Paris, Vienna, Switzerland, Athens, Constantinople, Holland, Belgium, Bonn, Berlin, and England. Laura (1864-1954) was the fourth sister; she was deaf and became an accomplished painter. Emily (1869-1957), the youngest sister, was a pianist and violinist and traveled extensively within the USA and Europe (Burnam, 1998).

Lavinia decided to enter Nursing School in 1884, at the age of 26. She attended Bellevue Hospital School of Nursing in New York City fashioned after the newly established 'Nightingale Schools'. As I previously discussed in this study these institutions -under hospital's jurisdiction- provided little education to nurses, as their interest was largely to secure a free source of labor to perform duties related to patient care. Notwithstanding, Lavinia Dock, Lillian Wald, Isabel Stewart, Annie Goodrich, Isabel Hampton-Robb, Adelaide Nutting and other prominent nurses 'trained' at these hospital schools challenged this Spartan system which exploited student nurses and provided poor quality education. With different levels of commitment, these women crusaded for reforms in nursing education and envisioned the close connection between the problems afflicting nurses and those affecting women in general. Dock contended that "many of the difficulties which nurses faced in the past were due to the social, educational and economic handicaps which affected women particularly" (Dock & Stewart, 1938, p. 367).

Dock survived the strenuous 12-hour day training in the hospital and learned as much as she could from the scanty evening lectures. She graduated in 1886, and as the daughter of a well-to-do family, Dock had no financial necessity to earn a living so she volunteered as a visiting nurse for a church mission in New York City, and in 1887 in Norwich, Connecticut. She ran a ward during the 1888 Yellow fever epidemic in Jacksonville, Florida where she reunited with fellow Bellevue classmate Jane Delano who years later became Director of the American Red Cross. Dock also volunteered in the 1889 Johnstown, Pennsylvania floods.

In 1889, three years after graduation she took a position as night superintendent at Bellevue Hospital in New York City. From New York, Dock moved to Maryland where she became Assistant Superintendent of Nurses at Johns Hopkins Hospital in Baltimore in 1890. Her experience at Johns Hopkins marked the beginning of her association with pioneer nursing educators and leaders such as Isabel Hampton-Robb, and later with Adelaide Nutting who also worked at HSS with Dock. Besides teaching at Bellevue and Johns Hopkins, she also taught at the Illinois Training School for Nurses and collaborated in the establishment of the first graduate course in nursing education at Columbia University, Teachers College where she also taught.

Dock aimed to instill in nursing students the motivation to become change agents and promote social reforms to improve society. For example, Isabel Stewart -Dock's co-author of A Short History of Nursing, prominent leader and educator- relates the following anecdote. She had asked Dock to talk to her students in the 'History of Nursing' course at Columbia University, and Dock changed the topic from discussing

nursing in Europe to the issue of women's suffrage. In fact, Dock had just come from a suffrage meeting, was wearing a shirt and a hat with 'Vote for Women' written across them, and arrived a little late. After Isabel Stewart introduced the topic to her students, Dock "announced that things were bad and would not be better until women got suffrage, and so she would talk about that" (Stewart, 1960, p. 1428).

Congruent with her goal to improve nursing education, during her tenure at Bellevue, Dock wrote her famous Textbook of Materia Medica for Nurses (1890), the first pharmacology book for nurses. The publisher of this book did not commit the initial investment for publication so she financed it with a loan from her father. She was able to pay off this loan shortly after publication due to the success of the book among nursing and medical students. In addition to serving as a valuable resource for nurses, Textbook of Materia Medica for Nurses (1890) also challenged physician's claims to exclusive ownership of medical knowledge and validated nurses' position as legitimate knowers in health matters.

Dock had become increasingly concerned with the toxic effects of the large doses of drugs prescribed to patients. At the time, physicians used to replace the labels on drug bottles with numbers to prevent nurses from identifying them, studying the action of these medications, and challenging some prescriptions. This dangerous situation prompted Dock to extensively research medications and write Textbook of Materia Medica for Nurses (1890) to educate nurses and to protect patients from adverse drug effects.

Lavinia Dock understood that it was imperative to fight patriarchal domination from physicians and assert nurses as legitimate knowers. Only then would nurses be empowered to enact their role as advocates for human beings, and embody their social responsibility to secure the welfare of society. Liberating nursing education from physician control was one avenue to achieve these goals.

Indeed, physicians adamantly objected to the education of nurses. By the late 1890s, through the newly established nursing associations (which she helped organize) Dock was pressing to improve nursing education with more rigorous admission requirements, establishing licensure for nurses through examination, a national or state registration of nurses, and recommending the use of textbooks in nursing curricula. In 1893 she had presented a paper at the “International Congress of Charities, Correction and Philanthropy of the World’s Columbian Exposition in Chicago” whose title was The Relation of Training Schools to Hospitals. In this paper Dock criticized hospital administrators and physicians and contends that “most unsound is the policy of the hospital which habitually interferes in the affairs of the [nursing] school ...”(Dock, 1893, quoted by Burnam, 1998, p. 62).

Even as a young nurse Dock demonstrated a remarkable ability to analyze nurses’ position in society. Shortly after graduation from Bellevue School of Nursing, she presented a ground-breaking paper at a physician’s conference where she positioned nursing as separate from medicine and interrogated the oppression of nurses by physicians. Indeed, in her book A Short History of Nursing Dock contended that

nursing is not a subordinate or satellite vocation...nursing is as old if not older than medicine...nursing is not a sub-caste of medicine or a handmaid of medicine...[nurses] are helpmates and partners, they [nurses and physicians] complement or supplement each other, there is no independence or subordination but inter-dependence and cooperation (Dock & Stewart, 1938, p. 365).

She argued that “the nurse and the physician have different professions” (Dock, 1983, quoted by Burnam 1998, p. 62), and in a letter to a physician questioning their motives to oppose licensure for nurses she affirms the importance of nurses in healing patients.

Dock writes:

... For what good would your knowledge and skill be to you if you could not get your patients kept alive? And here you are, trying to beat down and crush the very women on whom your success depends, and why? Because they are endeavoring to protect and safeguard that very education which has enabled them to be such an asset to the medical profession as it has never had in the world's history. Now, if you do not think that is shabby, I do, and I challenge you to put it in your Code of Ethics (Dock, 1909, quoted by Burnam, 1998, p. 171).

Her courage in confronting physicians and their claims to sole ‘ownership’ of health care knowledge and in contesting their power to control the health care system were unheard for her times.

In 1893, shortly after attending the World Exposition in Chicago, Dock was elected superintendent of the Illinois Training School for Nurses at Cook County Hospital in Chicago. Her two year tenure as superintendent was not successful, and she later recognized her deficiencies as an administrator. She commented that “I can confidently assert that my principles, aims, and endeavors were right and sound, but I showed no diplomatic skill in personal relationships. I was not careful enough in avoiding trouble beforehand...in hospital work I was better in assisting than in the leading

position” (Dock, 1932, pp. 24-25). Dock recognized her shortcomings as a leader and administrator. She did not take other leadership positions in nursing and in women’s organizations although it would have given her more recognition in society.

In 1895 her father died and she returned home to Harrisburg where she stayed in charge of the household for a year so that her older sister Mira could go to horticulture school. However, Emily the youngest sister was already 26 years old, so Dock probably just needed to feel the love of her family, mourn the death of her father, and recover from her negative administrative experience in Chicago. While at home, she continued to be active in nursing issues. She prepared herself for the 1896 nursing convention, wrote position papers opposing the national pension fund for nurses as “repugnant to the instinctive feelings of self-dependent, self-sustaining people” (Dock, 1896, quoted by Burnam, 1998, p.73), and researched professional associations in other disciplines to organize nurses. For this purpose, she studied the structure of women’s organizations and the American Medical Association.

In 1899 she founded with Ethel Gordon Fenwick, an English nurse, the International Council of Nurses (ICN) to exchange knowledge, experiences, and unite nurses around the world. She served as its secretary until 1923, and traveled at her own expense to overseas meetings. Dock was also instrumental in the development of the Nurses’ Associated Alumnae (renamed American Nurses Association in 1911) which congregated nurses within the U.S.A. to deal with practice related issues and the advancement of the discipline. She also served as secretary for the American Society of Superintendents of Training Schools for Nurses (which later became the National League

for Nursing) from 1896 to 1901. The main concern of this association was reforming nursing education and positioning it within academia. Dock also assisted Adah Thoms and other black nurses with the organization of a national association.

It becomes apparent that Dock utilized the more powerful voice of these associations to push for needed social and professional reforms. For example, through these organizations she crusaded for establishing minimum professional standards for nursing practice to secure patient safety, establish nurses' licensure and registration, pursue equal pay for male and female nurses, and support nurse's plea to set their own salaries.

...the nurse is insufficiently paid for her work, she should be better paid. If she is paid all she is worth, why make her an object of charity? Why take for granted that she is improvident; that she needs to be taught how to save her money, and bribed to do it? (Dock, 1892, quoted by Burnam, 1998, p. 47) ... The Pension Fund assumes that nurses are poor thing and must always remain so; that they do not know how to manage their money and never can learn (Dock, n.d. quoted by Burnam, 1998, p. 121)

In 1896 at the age of 38, Dock joined Henry Street Settlement (HSS) and lived there for nineteen years. Her first contact with HSS was in 1885 when she visited Lillian Wald and Mary Brewster. Mary Ann Burnam (1998) believes that Dock met Wald at the Chicago World's Fair in 1893 and that either Dock requested to join HSS or Wald recruited her. Determined to break communication barriers among individuals, Dock was fluent in French and German, and learned other languages such as Italian. Her fluency beyond the English language was most useful in communicating with the new immigrants of the Lower East Side of Manhattan.

Lavinia Dock brought to HSS a rich background and experience as public health nurse, educator, writer, and social activist. In turn she gained a richer appreciation of the predominant social problems that affected American society at the turn of the 20th century, and further advanced her activism and sense of social responsibility for others in society. Dock left HSS in 1915 at the age of 57, and within the next two years she also resigned from other professional organizations. Her 'retirement' years out-numbered those of her active career as a nurse. In fact, she had ceased practicing nursing in 1908 at the age of 50, but did not retire until 1923 when she was 65 years old. Dock did not travel abroad any more, but continued to make trips to Philadelphia, to New York City, and to Lillian Wald's home in the countryside of Westport Connecticut until Wald's death in 1940.

One of Dock's last public appearances was at the International Council of Nurses convention in Atlantic when she was 89 years old. Her commitment to internationalism and human advocacy beyond national boundaries was still solid despite her advanced age and frail health status. She had become increasingly deaf and seldom left home, but maintained her interest in the causes that she had favored, particularly women's vote, pacifism, and lobbying for nursing licensure. Dock died of pneumonia in 1956 at the age of 99 at Chambersburg Hospital in Pennsylvania, one month after falling at home and fracturing her hip. She had outlived her siblings except for Emily who died a year later in 1957. Following cremation, her ashes were buried in the family plot in the Harrisburg cemetery.

Dock was also a prolific writer who utilized this venue to articulate and share her ideas on caring as social responsibility, the need for social reforms, and other issues such as nursing education and practice, pacifism, and suffrage. Publishing was not easy for women at the time, and in particular for nurses, who were not considered 'legitimate knowers' of health related issues. For example the American Journal of Nursing was established in 1900 by nurses who bought stock to finance this publication, and to which Dock also contributed. As I mentioned earlier in this chapter, she frequently utilized her own money to fund the costs of publishing her writings. In fact, after financing her first book Textbook of Materia Medica for Nurses (1890), since publishers would not commit to the initial investment for publishing her second book A History of Nursing (1907), Dock subsidized it's production with a bank loan. In her will, she donated the copyright of the two volumes of this book to the American Nurses Association. To gather data for A History of Nursing -a feminist historical narrative- which she wrote in 1907 in collaboration with Adelaide Nutting, Dock used her 2 year trip to Europe (1903-1905) to search European libraries. This book was quite radical for the times, as accounts on the history of health care had always portrayed men as main figures, and women as passive beings with no significant role in securing the well-being of sick individuals. In fact, subsequent nursing history books such as Minnie Goodnow's Outlines of Nursing History (1916) although acknowledging Dock and Nutting's book as a major reference source focused greatly on men's accomplishments and overlooked women's role in the care of sick individuals throughout times.

Thus, Dock's feminist History of Nursing (1907) and Short History of Nursing (1938) unsettled traditional 'historical' accounts of the 'evolution' of health care which glorified men and ignored women's contributions throughout history. She believed that an engendered history of health care would serve to empower nurses to challenge patriarchal constraints imposed on them and to resume their ancestral role of leadership in health care. Dock contended that "the nurse or teacher who knows only her own time and surroundings is not only deprived of an unfailing source of interest; she may also be unable to estimate and judge correctly the current event whose tendency is likely to affect her own career" (Dock & Stewart, 1938, p. 3). Dock's reference to 'the current event' points to the situation of subordination that nurses encountered at the time, and its effect in curtailing the enactment of their social responsibility to secure the holistic welfare of all individuals. Like bell hooks (1990) who contends that one needs to remember "from that remembering that serves to illuminate the future" (p. 147), Dock urged nurses to explore their history, reflect on the situations faced by nurses in the past, and celebrate and learn from their accomplishments.

Other history publications written by Dock included The History of Public Health Nursing in the Half Century of Public Health (1921) celebration book published by a group of physicians. In 1922 she collaborated with the History of American Red Cross Nursing, writing six out of sixteen chapters included in this book. She also wrote several journal articles and letters for Lillian Wald.

In 1910, Dock wrote Hygiene and Morality, of which Mary Roberts (1956) comments that the book was "published many years before venereal disease could be

mentioned in polite society” (p. 178). In this book Dock demands the abolition of double standards of morality for men and women, explains venereal diseases and its prevention, and discusses prostitution and white slavery. Such topics were tabu in Victorian society, but Dock strongly believed that the public needed to learn how to deal with these social problems. Moreover, she rejected any treatment modality for venereal disease that would make it hygienically safe for men to continue with the sexual abuse of women (Roberts & Group, 1995).

As a ‘Foreign Department’ editor for the American Journal of Nursing for 23 years (1900-1923), Dock utilized this unique opportunity to reach nurses throughout the country and discuss licensure for nurses, nursing education, public health nursing, women’s vote, labor reforms, and pacifism. Thus, she capitalized on her ability as a writer and utilized this talent as another venue to enact her social activism and disseminate her ideas for a better society and democracy.

In sum, Dock’s experiences as a nurse educator, writer, and settlement worker were enriching for her personal growth, for the nursing community, and for American society. Indeed, her committed social activism greatly contributed to the betterment of American democracy at the turn of the 20th century. Dock’s social activism enacted her vision of caring as social responsibility for the holistic welfare of society and the world. In the following chapter I will explore Lavinia Dock’s gendered re-conceptualization of democracy as social responsibility.

Chapter Four

Re-conceptualizing Democracy as Social Responsibility

The fact is that modern industrial society is creating a set of conditions which can only be met and properly handled by legally giving women the same place in public affairs which has been her traditional place at home ...The problems of the modern city are almost entirely housekeeping questions in a vast scale. The cleanliness and healthfulness of the city must be simply extensions of the cleanliness and healthfulness of the home; the care of children needs now to be extended to public schools, to the factory to the shop,- even to the courts and to the prisons (Dock ,1907, p. 900).

In the above excerpt from her paper Some Urgent Social Claims -presented in San Francisco in 1907 at the American Nurses Association's 10th Convention- Lavinia Dock articulates the main tenets of her vision of democracy as social responsibility for the holistic (biopsychosocial) welfare of all in society. Her way of knowing blends private and public, and extends women's traditional values of caring and nurturing beyond the family and into society in general. Embodying the notion of *municipal housekeeping*, Dock aspires to bring about her "new ideal" of democracy (Dock, 1907, p. 899), one that projects the experience of 'cleanliness and healthfulness of the home' into public institutions. She urges individuals to collaborate in securing health and well-being for all, a school environment that promotes caring and nurturing, safe and healthy work conditions in factories, and a humane judicial system. Dock contended that in order for individuals to participate in society in meaningful ways, their basic needs had to be met. She positioned human needs such as health care, housing, good work conditions, and education as essential for individuals to participate in democracy.

In this compelling paper Dock appeals to the nurses attending this convention to support the quest for women's suffrage, and for the nurses association to develop its interests beyond customary 'professional' matters. She urges them to advocate on behalf of the "great, urgent, throbbing, pressing social claims of our day and generation" (Dock, 1907, p. 895)." Indeed, her "new ideal" (Dock, 1907, p. 899) of democracy charges nurses with a pivotal role as human advocates securing the well-being of all individuals. A passionate suffragist, Dock privileged women's enfranchisement to secure communal privileges such as the holistic welfare of all in society. She re-defined welfare beyond restrictive traditional constructions of financial well-being. More simply stated, she embraced the *biopsychosocial* welfare of *all* individuals as a central element of her new ideal of democracy.

Dock's understanding of democracy extended beyond political rights or a form of government. Her vision embodies a gendered conception of citizenship and democracy that includes caring, social responsibility, and collaboration with others as essential for a new and more just society. Dock's "new ideal" (1907, p. 899) of democracy re-envisioned the domestic arena (private) as political (public) and extends traditional female values beyond the confinements of domesticity and into the community. Furthermore, contesting contemporary individualistic quests for survival of the fittest, Dock embraced moral responsibility for others and communal rights to benefit all in society. In this chapter, I will discuss her understanding of democracy which disrupts gendered notions of private and public spheres. I will also discuss her commitment to privilege social responsibility over individual rights.

Re-thinking the Domestic as Political

Historically, patriarchy has constructed women as lacking the attributes for participating in political life. Moreover, citizenship and democratic values have been fashioned after a male image and values traditionally assigned to men, and have disavowed female ways of being as expressions of these constructs (Bock, 1999 ; Pateman, 1992). In addition, patriarchal hegemony has privileged a socially constructed vision of women and men that separates them into the polarizing dichotomies of private and public, domestic and political arenas. Conforming to the Victorian *canon of domesticity*, this split assigned women a private and subservient role in the home. It positioned women in the roles of housekeepers, caretakers, and custodians of moral values. These functions were deemed of lesser worth than the roles enacted by men in the public arena (Evans, 1997 ; Cott, 1977).

Progressive women at the turn of the 20th century contested dominant gender expectations, disrupting the private/public dichotomies and the canon of domesticity prevalent in society. Embodying a gendered vision of citizenship and democracy, social activists such as Lavinia Dock, Lillian Wald, and Jane Addams blurred the distinction between private and public, and positioned the private realm as political. They transferred traditional housekeeping female values and skills such as nurturing, nursing, caring, healing, teaching, and child rearing beyond the home environment into the community to hospitals, settlement houses, and schools.

These social activists contended that the welfare of individuals was not only the responsibility of the private sphere (home); it involved the State and every member of the

community. Likewise, the welfare of society required 'housekeeping' values and skills at a 'municipal' level. Accordingly, they enacted a vision of *municipal housekeeping* in the public arena and improved the social conditions of the underprivileged in society (Evans, 1997 ; Cott, 1977). Thus, contending that women's attributes and ways of being were suited for political (public) life, Dock and other progressive women embodied a gendered vision of democracy that was inclusive and collaborative. Their positionality was radical for the times.

The settlement movement was a prime example of their vision for a 'new' ideal democracy. Settlements or neighborhood houses were positioned in deprived areas and served as social and educational community organizations for those who lived in the neighborhood. Settlement workers were largely talented and college educated single white women of middle and upper middle class backgrounds.

The first USA settlement, University Settlement, was founded in 1889 and located in Lower East Manhattan. This area concentrated mostly New York City's new immigrants and poor residents. In the same year, Hull House, another famous settlement, was founded by Jane Addams in Chicago. By 1928 there were 63 settlements in Manhattan, and 31 of these were located in the lower east side. Among these was Henry Street Settlement (HSS) founded in 1893 by two nurses, Lillian Wald and Mary Brewster, whom Lavinia Dock joined in 1896.

HSS was one of New York's five main settlements, which included the Women's College Settlement, Hartley House, Greenwich House, and Lincoln House (branch of HSS on the West Side serving the black community). HSS owned a significant amount

of real estate: six centers on the Lower East Side, several uptown offices, and farms in Connecticut, New Jersey, and upstate New York. The settlement's activities were numerous and varied, although health work was a prominent component of its social programs. Henry Street Settlement's Visiting Nurse Service had 20 offices in Manhattan, Bronx, and Queens, and provided preventive and curative health care to immigrants and the poor. It rendered by far the greatest volume of health work of any settlement in the USA, reaching a large number of underprivileged individuals (Kennedy, 1935).

However, the nurses at HSS had established that, if at all possible, individuals should pay something for the service received - "we decided that fees should be charged when people could pay" (Wald, 1935, p. 29) - as they felt that plain charity would demean both nurses and patients.

Lavinia Dock and other Henry Street Settlement workers crusaded for social laws to improve working conditions for their neighbors in the Lower East Side of Manhattan. This crusade embodied their vision of citizenship for a more just and better democracy. Settlement workers elevated the community's health status and living conditions, and raised their awareness of pressing social and labor issues. In particular, HSS nurses decreased mortality rates for adults and children and diminished the incidence of infectious ailments such as tuberculosis and venereal diseases in a pre-antibiotic era (Wald, 1935).

Our records show that in 1914 the Henry Street staff cared for 3,535 cases of pneumonia of all ages, with a mortality rate of 8.05 per cent. For purposes of comparison four large New York hospitals gave us their records of pneumonia during the same period. Their combined figures totaled 1,612, with a mortality rate 31.2 per cent. Among children under two - the age most

susceptible to unfortunate termination of this disorder - the mortality rate from pneumonia in one hospital was 51 per cent, and the average of the four was 38 per cent, while among those of a corresponding age cared for by nurses it was 9.3 per cent (Wald, 1935, p. 38).

The social achievements of settlement workers embodied their vision for a new democracy focused on improving the well-being of all individuals in society. Lillian Wald's books Windows on Henry Street (1934) and The House on Henry Street (1935) depict eloquent images of HSS nurses visiting the poor at the tenements:

One physician tells with exceeding appreciation of a patient he had reported in the morning. When he returned in the afternoon and opened the door of the home, he was positive he had made a mistake, because the room looked unfamiliar. When he had verified the address and re-entered, he found that the transformation had been affected by the nurse's visit. She had changed a dark, stuffy sickroom to a bright and airy one. The shutters had been opened, the dingy window washed; crisp white curtains had been put up, the grimy floors were scrubbed; the meager furniture was dusted and neatly arranged; the patient bathed and her hair combed, and the bed made up with fresh linen. A white-covered table with the necessary sickroom supplies was ready for the doctor at the patient's bedside. The nurse had summoned the husband from his job, with the consent of his boss, and he had toiled as hard as she in accomplishing this miracle (Wald, 1934, pp. 85-86).

Settlements had a positive influence both on the women that worked at these houses as well as their neighbors.

The mere fact of living in the tenement brought undreamed-of opportunities for widening our knowledge and extending our human relationships (Wald, 1935, p. 13)

Human relationships such as those established between settlement workers and the immigrants of the Lower East Side were essential to the construction of democracy. Specifically, settlement life educated Dock and other progressive women on cultural and

ethnic diversity and raised their awareness of the health and social issues confronted by the poor and immigrants. Lavinia Dock deepened her political awareness and social activism as she interrogated her experiences of living among the poor and underprivileged. Her experience-based knowledge of the realities of industrial society such as factory work, sweatshops, child work, infectious epidemics, and tenement living conditions profoundly affected her commitment to social activism.

Settlement work also energized Dock's resolution to extend private values into the public sphere and forge her "new ideal" (Dock, 1907, p. 899) of democratic society. This new ideal encompassed the holistic welfare of all in society. Actually, Dock and other settlement workers enacted their vision of a new society by re-defining the private sphere as political. For instance, they positioned 'private' problems such as infectious diseases, poverty, and malnutrition as issues to be dealt by society in general. Likewise, they transferred 'domestic' values such as nurturing, child rearing, health care, and collaboration into the public arena of their neighborhoods and society at large. For Dock and other settlement workers, the private was political, and the public realm was an extension of private life.

Indeed, settlement life and work provided a venue for Dock and other settlement workers to enact their newly discovered *public* dimension to better democracy and society. Petra Munro (1999) contends that "these collective efforts at building community were a form of democracy in action" (p. 21). In fact, settlement life represented their vision of democracy with individuals working together to improve society, and enacting their social responsibility towards others. Moreover, the social

activism of settlement workers played an important role in the achievement of many social reforms which enhanced American democracy. Munro (1999) also points out that “[settlement workers] not only worked to transform social relations for a more equitable society but also sought to re-articulate the very role of schooling and education in shaping a democratic society” (p. 34). They believed that re-envisioning traditional patriarchal education was pivotal for the construction of a better democracy.

Nel Noddings (1992a, 1992b) contends that education should blur the separation between private and public life. She also argues that education needs to displace the traditional meaning of citizenship from its male conception to one which emphasizes family/community membership and domestic values and skills. Noddings (1992a) believes that such education would “encourage the growth of competent, caring, loving and lovable people” (Noddings, 1992a, p. xiv)”. These individuals would assume their social responsibility towards others in society. Like Noddings, Dock believed that a conception of citizenship which embraces collaboration, nurturing, and responsibility for the welfare of others are pillars for the construction of a new ideal of democracy. Education would play a central role in achieving Dock’s vision of citizenship and a new society.

Thus, settlement workers re-envisioned education as community based and incorporated teaching content traditionally dismissed as domestic, female, or irrelevant. The curricula included art, diction, music, theater, and dancing classes, as well as English, carpentry, pottery, and sewing. Settlement houses enriched the educational

experiences of many immigrants, and also facilitated their integration into American society.

However, Dock and other settlement workers faced tensions between their involvement in activities to promote social growth, and the prospect of imposing their views and culture on immigrants. In fact, they have been criticized for *assimilating* immigrants into American culture and dismissing their cultural heritage. Moreover, some authors contend that these social workers *Americanized* immigrants and educated them to become *model citizens* and model workers (Reznick, 1974). Munro (1999) rejects these allegations and argues that Jane Addams “staunchly rejected Americanization and assimilation...(p. 40)...to reduce Addams’ motivation to maternalism or ‘noblesse oblige’ as often has been done, is to over-simplify and decontextualize her complex relationship with the local community in which she lived. In fact, rather than having a condescending view of immigrants she saw them as playing a central role in shaping democracy” (p. 41). Munro (1999) adds that Hull House’s *labor museum* is a testimony of Addams’ commitment to empower immigrants and to validate their heritage and ways of being in the world.

Again, the activities and classes offered by HSS and Hull House extended beyond the skills required for factory work. These activities do not yield credibility to the critique of educating individuals to become *model factory workers*. Indeed, settlements implemented a curriculum that cultivated the students mind and spirit, provided work skills, and aimed to develop individuals that would enrich the process and participate in the construction of a new society.

Settlements featured mostly women working together and collaborating as a *family* to improve the welfare of others in society (Munro, 1999). Sisterhood, community building, caring, collaboration, nurturing, and social activism characterized their work. Settlement life disrupted traditional representations of the domestic realm and family structure. In fact, settlement workers interrogated the notion of nuclear family as a central entity in society. They re-defined family through communal living, and blurred the delineation between personal (private) and professional (public) lives. Consequently, they embraced the community (public) as family, and erased socially constructed binaries such as *us versus them* which hinder cooperation among individuals in society. These ideals call for a re-envisioning of citizenship as social responsibility for others. In short, citizenship does not rest in exercising the right to vote or defending one's country against enemies but in enacting one's social responsibility to care and secure the welfare of others.

The settlement family developed relations that were enduring. Dock states that "... [the] settlement family is quite a permanent one, its members entering for indefinite periods and never wishing to leave" (quoted by Burnam, 1998, p. 88). House chores and other daily activities were allocated and carried out like other contemporary families.

[After breakfast] the rooms are set in order; new cases that have come in are distributed by the head of the family [Lillian Wald], and the nurses go off on their rounds ...In the afternoon, nursing work is finished, it may be in one or two hours, or not until dinner time, and the specialties are pursued (Dock, n.d., quoted by Burnam, 1998, p. 88).

Dock's rich portrayal of life at Henry Street Settlement depicts community living, caring, sisterhood, deliberation, joint decision-making 'in family council', and collaboration.

She writes:

Breakfast is at half past seven, and unless guests are staying in the house, this is often the only meal at which the members of the family find themselves alone together. The postman comes; letters are opened and read, work and plans for the day are talked over and arranged.. Each nurse manages her patients and arranges her time according to her best judgment, and all points of interest, knotty problems, and difficult situations are talked over and settled in family council ...(Dock, n.d., quoted by Burnam, 1998, p. 87).

Settlement workers' re-conceptualization of family embodied their vision of democracy with individuals collaborating with each other as family members. Thus, caring and nurturing transcend the private realm into public life. These social workers also interrogated the gender structure of traditional nuclear families, and replaced the father figure as head of the family with a woman. However, in this sense they reinstated the traditional power structure of the family with a woman enacting the role of *pater familia*. In fact, Lillian Wald, as head of the HSS family, secured funds for social work and household needs, presided over major conflicts, and performed other activities traditionally associated with the *pater familia*. This re-configuration of traditional gender roles is problematic as it maintains the binary of the family structure intact. In fact, it fails to deconstruct its hierarchical nature and the socially constructed roles of its members. Although its authority format emulated patriarchal creations, settlement workers presented a feminist version of the family structure.

Moreover, these women successfully committed themselves to reproduce female qualities traditionally characteristic of the home into the community and society in

general. Indeed, Dock and Addams' epistemologies of citizenship and democracy wove in women's distinct ways of constructing reality, experiencing, knowing and being in the world, with their ideals for a new democratic society. They espoused traditional *female* values such as caring for others, nurturing, subjectivity, kindness, pacifism, community, inclusiveness, collaboration, and social justice for the under-privileged as central to citizenship (Arnot & Dillabough, 2000 ; Makler, 1999 ; Crocco, 1999). These ideals embraced feminist notions customarily excluded by patriarchal epistemologies.

Particularly during the first half of the 20th century expressions of citizenship were marked by androcentric sentiments of nationalism, imperialism, and romantic dreams about combat and *fighting for freedom* which culminated in two world wars, the Korean war and the Cold War (Perry et al, 2000). Moreover, this understanding of citizenship embraces values of competition, individual rights, and exclusion, and fails to foster sentiments of cooperation with others. Lavinia Dock's construction of citizenship shifts its meaning from defending one's country to enacting one's social responsibility towards others in society. For example, during World War I she urged nurses "to show another kind of courage, a love for our country. We should have the great moral force to refuse every kind of work that would promote war" (Dock 1916, p. 230). Her ideas on social responsibility embraced caring for *all* human beings and repudiated harming others. Caring for others thus overrides the notion of fighting for one's country as a prime expression of citizenship.

Likewise, Dock's perception of government disavows the *father figure* who supervises and disciplines, and embraces the image of a *caring mother* who nurtures and

looks after the holistic well-being of all despite differences. She placed a great deal of hope in the state and was adamant that it was responsible for the welfare of all its citizens. However, Dock insisted on the social responsibility of each individual to secure the well-being of others in society.

Although shortly after graduation from nursing school Dock embraced charity work, later in life she no longer believed in its effectiveness to solve social inequities. She contended that “charity helps to bolster up poverty and keep it from appearing as the needless, preventable and useless survival that it is (Dock, 1914, p. 47) ...justice is preferable to generosity” (Dock, 1892, quoted by Burnam, 1998, p. 47, alluding to Dock’s article published in The Trained Nurse in 1892). Lavinia Dock believed that charitable activities patronize the poor and only mask the crude reality of poverty and misery. She argued that charity provided no equitable, comprehensive, and long-lasting solutions to social problems.

Dock believed that women value compassion, nurturing, inclusion, and collaboration with others, and privilege communal well-being over rugged individualism. Invariably, although she demands equal rights with men, she evidences her profound belief in women’s moral superiority to them. She affirmed that “it seems to me such a sickening testimonial to the deep-rooted corruption of men that it almost destroys faith in the possibility of their doing any better ... it makes me feel deathly ill - I am convinced there will be no salvation for municipal politics until the women get their own votes ... Oh I could sit down and weep over it all” (Dock, quoted by Burnam, 1998, pp. 184-185). Indeed, Dock’s contempt for men’s social values was radical. She believed that only

women's suffrage would "bring about more just and equal opportunities and equal pay for self-supporting women; to aid in the great child-saving crusade against the horrors of child labor; to carry good home-making and sanitary housekeeping into our city governments..." (Dock, 1908, p. 26). So, in Dock's view, women would play a vital role in constructing a new democratic society which secures the biopsychosocial welfare of all individuals. In a 1903 letter to Lillian Wald, she evidences her positionality on this matter:

I tell you my solemn & [sic] definite conviction is that we will never have municipal good government until women vote - that I'm convinced of -this trying to get good things done by persuading men to do them is degrading to us -effeminizes men - & [sic] has no effective result (Dock, n.d., quoted by Burnam, 1998, p. 185).

According to Dock, men had failed to demonstrate concern for the welfare of others in society. Andra Makler (1999) contends that many progressive 20th century women opposed traditional male ways of being in the world. Nevertheless, Dock's position on gender is drastic, as she rejected male values, viewed them as inferior to women, and proposed to displace male with female qualities in society. However, this juncture would perpetuate the patriarchal female/male dichotomy, re-polarize gender conceptions, and substitute patriarchy with matriarchal hegemony. Moreover, a single emphasis on rescuing women from male oppression positions men as *other* and re-constructs oppressive binaries. Such a stance contradicts feminist ideals of shared experiences, collaboration, and collective efforts to build a more just society. Thus, Dock's critique of society falls short of deconstructing issues of gender elitism. Rather than replacing a male meta-narrative with a female one, one needs to interrogate the foundation that

supports these patriarchal pre-conceptions of gender superiority, the dichotomy in the assignation of gender roles, and society's responsibility towards underprivileged human beings.

William Pinar (2001) argues that representations of women as morally superior to men contributed to a crisis of masculinity in American culture. He positions the 1890's "Social Gospel Movement" of middle class Protestant men from rural areas and small towns as a reaction to the threat of women's *superior* moral values. Pinar contends that "the social gospel was no masculine parallel to feminism, but, in part a reactionary response to it and to the 'crisis' of masculinity more generally" (2001, p. 317). Social gospelers engaged in social work and emphasized the social and practical application of Christian ethics. They also stressed *good works* and social reform over religious doctrine. Pinar further affirms that social gospelers re-conceptualized traditional values socially constructed as female into expressions of manhood. Their re-envisioning of female values as *true* masculine values 'validated' their interest in social reforms without curtailing their sense of masculinity. In addition, their involvement in social activities with the underprivileged 'elevated' their moral standard to the position of guardians of moral values traditionally conferred to women.

In conclusion, it appears that women's activism in the public sphere compelled some men to embrace social concerns and assist the poor. Although men and women were driven to social work by different motivations and a dissimilar conception of citizenship, their actions benefitted the underprivileged and improved democracy.

Following the lead of settlement workers, social gospelers enacted domestic values beyond the private realm into the public arena of society in general.

Social Responsibility Supercedes Individual Rights

Traditional liberal democracy embraces *individual universal* rights as essential elements of its ideology. However, the tenets of individual rights often curtail the development of communal relations and collaboration, and depart from the moral and social responsibility for the welfare of others on which democracy is based (Munro, 1999). Indeed, an engrossment with one's own rights prevents other relationships from emerging among individuals, deflects orientation towards others, and arrests the drive to contest social inequities. Sara Evans (1997) remarks that "the American political heritage [defined] citizenship as a relationship between the individual and the state whose key expression was the act of voting" (p. 172). In fact, traditional liberal democracy has emphasized individual rights -such as the right to vote- and these often have taken precedence over communal rights and social responsibility for the welfare of others in society.

Liberal democracy's ideology of individual and universal/equal rights disavows the reality of 'others', and conceals human differences under the assumption of equality/sameness/ homogeneity among individuals in society. Ironically, a universalistic and equality-oriented liberal democracy often oppresses individuals as it 'assimilates' them to a construction of *universal*, and disavows difference under the fiction of neutrality and equality (Munro,1999 ; Bloom, 1998). Assuming an essential *sameness* in human beings, universality and equality remain oblivious to differences of gender, race, ethnicity, class,

religious, or sexual orientation. Therefore, liberal democracy and its principles of individual rights, universality, and equality often render some individuals invisible by assimilating/excluding those who deviate from the 'norm' defined by patriarchy. This predicament is also essentially un-democratic as it excludes and dis-enfranchises some individuals as Other (Munro, 1999 ; Bloom, 1998). The Other is often not privileged with the rights assigned to those who conform to the standards set by a patriarchal society. Rather than constructing notions of citizenship based on doctrines of individual rights, Leslie Bloom (1998) proposes to articulate a *we* within diversity. An all inclusive *we* that embraces un-assimilated otherness, resists normativity, and does not expect similar experiences, viewpoints, or values among individuals. That is, social responsibility rather than individual rights exemplifies the ideal of citizenship and democratic values.

Likewise, although the notion of individual rights apparently includes the rights of *all* individuals, patriarchy has historically constructed these rights as Anglo-white, middle class, heterosexual, and male ideals (Munro, 1999 ; Bloom, 1998 ; Bock & James ,1991). In fact, Gisela Bock and Susan James (1991) position equality as “an invitation to join men on men’s terms” (p. 6) as it disavows women’s ways of knowing and being in the world and reinforces patriarchal hegemony in society. Also, under the liberal democratic tradition of ‘majority takes all’, the values and needs of the majority of individuals in society often prevail over the non-majority. David Trend (1996) contends that “at the center of liberal democratic ethos lies the western notion of the autonomous individual, capable of free choice and motivated by self-interest” (p. 11). In a traditional

liberal democracy, individuals safeguard their interests by electing people who represent their views. However, this principle is in itself undemocratic, as the majority represents the interests and needs of the greatest number but not *all* and each individual in society. In addition, not all individuals can participate in the democratic process, as socio-economic factors such as class, race, gender, and health status can include and exclude individuals from partaking in society and enjoying the welfare promised by liberal democracy.

Individualism and its construct of individual rights correlate with late 19th and early 20th centuries' ideas of conservative social Darwinism, an ideology that influenced notions of democracy, education, and social politics at the time. This ideology embraced a rugged individualism and disavowed collaboration and social responsibility towards others in society. Indeed, conservative social Darwinists opposed social reforms such as factory legislation and child labor laws on grounds that they were artificial and “against the construction of nature (Gruver, 1972, p. 671)”.

Known also as *laissez faire*, conservative social Darwinism was favored by many scholars at the time and was based on assumptions of survival of the fittest individuals. Likewise, its followers objected to any type of social intervention by the government. Actually, social Darwinists refused to challenge what they constructed as a *natural law* that determines the individual's potential for growth, and dismissed any efforts to remedy what they viewed as ‘irremediable’ such as poverty. These ideas celebrated society's individualism and individual rights, and disavowed the notion of social responsibility towards others. In fact, historian Rebecca Gruver (1972) contends that conservative

social Darwinists “condemned any efforts to save the weak from the consequences of their weaknesses” (p. 671). According to this stance, each individual and the State beared no responsibility for the welfare of others in society.

Early 20th century philosophers such as Lavinia Dock (1932) and Jane Addams (1920) maintain that democracy is not the guaranteeing of individual rights, but the development of communal responsibility which actually secures its development and sustainment. Dock, Addams, and John Dewey (1916) positioned democracy as a joint venture where individuals share a collective commitment to improve society. Individual rights and individualism are forsaken in favor of communal rights and cooperation with others. Agreeing with Dock and Addams, Dewey (1966) contends that democracy is “more than a form of government; it is primarily a mode of associated living, of conjoint communicated experience... a widening of the area of shared concern....”(p. 87). He adds that democracy is “the extension in space of the number of individuals who participate.... breaking down the barriers of class, race, and national territory” (p. 87). Dewey also maintains that in a democratic society “the interests of a group are shared by all its members and the fullness of freedom with which it interacts with other groups” (p. 99). So, individuals would agree on ‘common interests’ and collaborate with each other to build a better society. However, individuals in society often do not share similar life experiences, as differences such as gender, class, creed, health status, and racial diversity create dissimilar ways of being. Indeed, some of the issues that democracy confronts is deciding what constitutes ‘common interest’ among individuals. Who decides? Whose interests will prevail? Answers to these quandaries become problematic.

Congruent with his vision of cooperation with others, Dewey (1920) alludes to the moral responsibility of democratic institutions to promote the growth and transformation of individuals in society. In addition to this view, Lavinia Dock and Jane Addams emphasize *each individual's social responsibility* towards others, and call for every human being's commitment to secure the welfare of *each* and *every* member of society. In fact, Addams (1920) argues that "democracy modifies our conception of life, it constantly raises the value and function of each member of the community" (p. 178). She also contended that "the identification with the common lot is the essential idea of democracy [and] becomes the source and expression of social ethics" (p. 11). Thus, in a truly democratic society, 'identification with the common lot' invites inclusion and empathy with 'the other' and calls for securing social policies to benefit all. Addams and Dock valued the well-being and unique contribution of every individual in society. They also understood that citizenship to sustain democracy require a continual vigilance to circumvent the tyranny of particular groups who claim to act on behalf of 'the people'. In their view, democracy is constantly in the process of becoming a better version of itself. Democracy is fluid not static; and its survival centers on its ability to respond to the changing needs of society.

Dock, Addams, and Dewey envisioned democracy as a fluid process continually questioning and reconstructing itself, and incorporating new understandings to pursue the welfare of individuals as society itself changes. Addressing a nursing convention on the issue of women's enfranchisement, Dock states that "what I want to make my main point is to insist upon the fast-coming change portended by all the signs of the times, and to

ask: are we ready for it? ... Shall we be an intelligent and enlightened body of citizens, or an inert mass of indifference?" (1907, p. 898). In fact, she challenges fellow nurses to interrogate their purpose in society and their role in "[building] nobler and fairer forms than those of the past" (Dock 1907, p. 896). This positionality challenged prevailing conservative social Darwinist notions of the individual's inability to grow and transform her/himself into a better human being.

Humans in the pragmatic view now had the opportunity to shape the future, at least in some degree...via deliberative behavior (Doll, 2001, p. 3).

Hence, diverging from the ideas of conservative social Darwinism, Addams, Dewey, Dock, and other progressive philosophers espoused collective effort and cooperation for the continual construction and de-construction of democracy to better society. They believed that individuals could collaborate with each other and transform themselves into better human beings, and build a more just and humane society.

As a reformed social Darwinist, Dock challenged the tenets of conservative social Darwinism on human beings' lack of potential for growing and improving themselves. In fact, she contended that communal work and collaboration can defeat poverty, misery, and other social diseases. According to Dock, these ailments curtail the holistic welfare of society and hinder the achievement of a "new ideal" (Dock 1907, p. 899) in society, a re-envisioned democracy. She believed that individuals "are capable of construction, of indefinite development and improvement; that human society can be voluntarily and consciously built into nobler and fairer forms than those of the past" (Dock 1907, p. 896).

This vision clearly guided her social activism. Dock writes that “[a social commitment to] an evolution towards raising up the level of the toilers seems now inevitable, and also desirable, to be helped peacefully - not resisted, not opposed” (Dock, 1947, quoted by Burnam, 1998, p. 78). Her vision of growth and transformation of individuals calls for a concerted effort to effect social change. She indicates that this effort is not facile, “has painful beginnings” requires discipline “like education in a strict school” (Dock, 1947, quoted by Burnam, 1998, p. 78), and a relentless social commitment to improve human welfare, democracy, and society in general.

Hence, Dock’s re-envisioning of democracy embraces social responsibility for others and is enacted through caring, educating, nursing, cooperating, social activism, pacifism, and preventing diseases. She refers to this vision as a “new ideal” (Dock, 1907, p. 899) of human society. Dock writes: “this, one of the newest reforms and educational movements [teach sexual hygiene and combat venereal diseases], proves perhaps more strikingly than any other that a new conception of human society has arisen and that a new ideal is to be pursued in the future” (1907, p. 899). She is alluding to a novel government endeavor to improve the health level of many in society. Dock celebrates this commitment as a ‘new conception of human society’, one that would embrace the biopsychosocial being of individuals and is not limited to their economic welfare.

Thus, for Dock human welfare has a holistic connotation and rests on individual and communal social responsibility for others. Her re-envisioning of democracy is noteworthy as she positions *holistic* welfare of individuals as a pillar for her “new ideal” (Dock, 1907, p. 899) of society. Likewise, she commissioned nurses as agents for

democracy, as “an intelligent army of workers, capable of continuous progress, and fitted to comprehend the idea of social responsibility” (Dock 1907, p. 896). In fact, Dock viewed the *spirit of nursing* as public service (Dock, 1932, p. 363), embodying nurses’ social responsibility to secure the overall well-being of all individuals. She continually challenged nurses to take charge of their social responsibility towards society.

Dock’s writings and praxis weave together the inter-relatedness of physical and mental health, access to education, and eradication of social evils with the holistic well-being of all in her ‘new ideal’ of democratic society. Her ideal of democracy contemplated improvements in the tenement living conditions for immigrants and the poor, education, child labor reforms, regulation of sweatshops and factories, eradicating prostitution, and preventing and controlling infectious diseases, malnutrition, and other social evils faced by the underprivileged. For Dock, health and social needs are inextricable and need to be addressed in conjunction with each other. Moreover, she believed that achieving society’s holistic welfare required an engaged activism to promote social reforms.

Congruent to her vision, as a nurse Dock provided health care to individuals in need *and* was a tireless social activist to secure their holistic well-being. She believed that the satisfaction of social and health care needs allows individuals to participate in community and construct a better democracy. Dock was committed to solving the “great, urgent, throbbing, pressing social claims (Dock, 1907, p. 895)” that afflicted American society at the turn of the 20th century. Quality education to the poor was one of

her quests. Dock believed that poor education has a negative impact on society's health and well-being. She points out that:

society is not benefitted by the presence of a poorly paid working class, nor by the ministrations of underpaid nurses, for the underpaid worker is liable at any moment to become dependent, even a public charge, while from the standpoint of public health no class that is habitually overworked and underpaid ever shows a good grade of general healthfulness (Dock, 1907, quoted by Burnam, 1998, p. 251).

Child education was another of Dock's concerns. She writes:

...these millions of [underprivileged] children are dragging down the general standards of education and training all over the country wherever they are - and will not many of them in the future lower the standards of coming generations of nurses? For no higher education can remain sound and stable unless it is based on adequate primary instruction and effective manual training. Such by-paths link our destiny with that of every other worker (Dock, 1907, p. 900).

Dock's commitment to enact her responsibility towards society and challenging others to follow suit was compelling. Her conception of social responsibility equates Jacques Derrida's (1992) notion of *responsibility for*. It calls for a continuous re-assessment of the foundation and rationale for determining what is the responsible thing to do, the ethical thing to do, and also *how* a decision is being made. In Derrida's work, *responsibility for* summons one "to raise questions about the origin or ground of this principle or foundation" (Egea-Kuehne, 1995, p. 307). Thus, *responsibility for* calls for the continual inquiry on decisions and opinions involving others and the beliefs which sustain them. In Derrida's epistemology, *responsibility to* an individual, ideal or institution connotes "an answer to the call of the principle of reason ...to justify, to account for on the basis of principles" (Egea-Kuehne, 1995, p. 307)." Thus *responsibility*

to others follows the lead of patriarchal meta-narratives that honor mind, reason, and 'justice', in deciding what to do. Likewise, *responsibility to* disavows experience, creativity, collaboration, caring, and emotion as elements to consider when electing a course of action.

Like Derrida's notion of *responsibility for*, Dock's construction of social responsibility for others called for interrogating the foundation of democracy itself. She contested traditional liberal democracy's construction of welfare largely as financial well-being, notions of citizenship as fighting for one's country, individual universal rights and individualism, nationalism and nativism, and the separation of private and public spheres. As many other progressive women, Dock believed that patriarchal meta-narratives of citizenship and democratic values hindered the development of a more humane and fair society.

Dock's ethos of social responsibility for others also compelled her to interrogate the contemporary health care situation that she experienced as a nurse. She challenged nurses "to be careful not to let scientific interest in the procedure or 'case' make them less conscious of the human and personal needs of the patient as an individual" (Dock & Stewart, 1938, p. 374). For Dock, health care entails a profound respect for human beings and demands a continual interrogation of its praxis to safeguard the individual's holistic welfare and dignity. She positioned nurses as subjects and agents of health care, and empowered them with a vital role enacting society's responsibility for securing the overall well-being of individuals. As a public health nurse, settlement worker, writer, nurse educator, and activist, Dock contested the dominant health care structure which

curtailed nurses' enactment of their social responsibility for others. For example, this structure failed to provide quality preventive and curative care to the poor, and stifled the role of nurses by positioning them as handmaids to physicians. Dock interrogated patriarchal meta-narratives of truth and power which credited physicians with the authority to determine who knows and who legitimizes 'medical' knowledge. Traditional patriarchal constructs have all too often denied women's (nurses) ways of knowing and being in the world. In addition, these constructs have historically repressed the fulfillment of social responsibilities towards others, and obstructed social reforms to benefit the sick and underprivileged.

Democracy Beyond Political Equality

Dock's query on social responsibility for others in society steered her activism to the issue of women's suffrage and the ERA. Thus, Dock passionately crusaded for the enfranchisement of women, and immediately after the passage of the 19th Amendment (1920), lobbied for the Equal Rights Amendment (ERA). Nevertheless, she pursued women's right to vote and the ERA as means and not ends in themselves. Dock believed that women's suffrage and the ERA would be instrumental in attaining her 'new ideal' of democracy. However, she also understood that this new society would not be achieved by only enfranchising women, and thus more work needed to be done.

The ERA was first introduced in 1923 by the National Women's Party and contended that "men and women shall have equal rights throughout the United States and every place subject to its jurisdiction" (Evans 1997, p. 187) . This amendment abjured gender discrimination and pursued equal legal treatment for men and women.

Specifically, the ERA demanded equal chances for women to access the labor market. It was finally approved in 1972 but failed to be ratified in 1982.

Dock's positionality in relation to suffrage is complex. As with her support of the ERA, her quest for the enfranchisement of women was not grounded on the sole attainment of their individual rights. She envisioned women's suffrage as a pivotal instrument to secure social changes and achieve holistic welfare for all in society. In a 1913 letter to President Woodrow Wilson, Dock writes:

As a nurse with 25 years of professional & social work, all of which has impressed me with the need we women have of the ballot in order to be able to do our own work and it ought to be done- I write to plead personally with you - to ask you to recommend a woman suffrage amendment to Congress in your special message (Dock, 1913, quoted by Burnam, 1998, p. 249).

Dock pursued suffrage to secure *communal* rights such as the overall well-being of society. Suffrage would empower women to effectively change society and its 'male' conceptions of citizenship and democratic values which created social injustices. Indeed, at the turn of the 20th century, the right to vote was not universal as it still excluded women. Black men had achieved the right to vote in 1870 through the 15th Amendment, and women were enfranchised in 1920 with the passage of the 19th Amendment to the Constitution of the United States. Yet, as anti-suffragist feminists had predicted, enfranchisement did little to change women's situation in society. Jo Ann Ashley (1975) remarks that after the passage of the 19th Amendment the feminist movement failed to achieve any significant reforms for the advancement of women and their social quests.

Suffrage was a contentious issue among women, and the incipient late 19th century feminist movement did not fully support the crusade for the enfranchisement of women. Although they endorsed suffrage, many feminists and social activists such as Lillian Wald and Jane Addams believed that suffrage in itself would not liberate women, and concentrating solely on this issue could minimize other compelling social problems such as the role of women and workers in society. At the time, there was a massive influx of new immigrants into the U.S.A., overcrowding urban areas and desperately looking for work. Immigration coupled with the harsh realities of factory work and lack of labor regulations represented a burden particularly for women and children (Evans, 1997 ; Thurner, 1995).

Jane Addams and other progressive women thus concentrated their efforts on endorsing protective legislation for women and children, and opposed the combative strategies of militant suffragists and the proposed Equal Rights Amendment. Addams contended that *equal rights* with men would minimize the urgency of enacting social reforms to eliminate abuses against women and children, and working women in particular. She argued that equal rights inexorably resulted in the assimilation of women to men's ways of being and acting in the world -which she viewed as inferior to women's- and this would retard the progression of social justice for the underprivileged (Deegan, 1988). Suffragists, on the other hand, contended that gaining voting rights for women would enable them to bring about much needed social reforms and improve society. They believed that suffrage was an individual right that would be achieved and experienced collectively (DuBois, 1995).

In addition, debates over the explicit inclusion of the term *men* on the 15th Amendment polarized the suffragist movement into two rival factions. The National Women Suffrage Association (NWSA) headed by Elizabeth Cady Stanton and Susan B. Anthony, and the American Women Suffrage Association (AWSA) led by Lucy Stone were founded in 1869. Both groups differed over ratification of the 15th Amendment as it enfranchised only black men. While AWSA supported this revision to the constitution, NWSA members argued that endorsing it would make it more difficult for women to achieve the right to suffrage (Evans, 1997 ; Wheeler, 1995). For many women - particularly for Lavinia Dock- attaining suffrage constituted a compelling social necessity. Suffrage would empower women (and nurses) to honor their social responsibility as members of society and improve democracy.

NWSA and AWSA actually disagreed on issues of race and class. Although they passionately crusaded for suffrage, AWSA contended that the 15th Amendment celebrated the 'Negro's Hour' and women should wait for their turn (Kerr, 1995). NWSA, on the other hand, believed that 'women's hour' was long overdue and its members were not willing to endorse any racial issue that could distress white racists, and endanger the plea for women suffrage. It is not clear if Lavinia Dock belonged to any of these two early fractions of the suffrage movement. There is information however that she was a member of the National Women's Party, whose tenets were similar to those of the NWSA.

In 1890, leaders of NWSA and AWSA decided to put their differences aside and created the National American Women Suffrage Association (NAWSA) which largely

endorsed NWSA's views. This new alliance agreed that it was essential that NAWSA focus almost entirely on winning the vote, and carefully avoid any connection with controversial issues such as race (Wheeler, 1995). Sociologist Alice Paul soon emerged as a leader and introduced her signature strategy of holding the political party in power accountable for neglecting to enfranchise women. She organized protests, picketing lines, hunger strikes, and other acts of civil disobedience which violated NAWSA's traditional non-partisan approach. Paul was expelled from this organization in 1914 and went on to lead the National Women's Party (NWP) which she had founded in 1912. In 1913 Lavinia Dock had joined this party and was appointed member of the National Advisory Committee.

The NWP suffragists utilized increasingly militant strategies and gradually shifted from crusading for a better democracy that incorporated women as active participants, to the condemnation of patriarchal society. The NWP became more radical in its convictions. Its members contended that democracy would prosper only when women's values and ways of being lead society. However, the NWP constructed women as white, middle-class of Anglo-Saxon origin, and privileged gender over race. Party members viewed black women's plea for suffrage as a *race* issue and not a *women's* issue. Moreover, they refused to condemn the denial of voting rights to black women in southern states (Evans, 1997).

Lavinia Dock's active membership in an association that ignored the plea of black women for suffrage denotes a racist contradiction in the life of this complex woman. Her position on racism was in fact complex. On the one hand, she would appear to approve

segregation as she worked with Adah Thoms in 1900 to establish a separate national association for black nurses; however, collaboration with blacks was unheard for the epoch. In fact, her racial stand to cooperate with blacks when lynching was rampant, and the Ku Klux Klan had instituted a reign of terror against blacks was still quite radical for the times. She often embraced racial differences and resisted discrimination of non-Caucasians. In fact, during Wilson's presidency she did not hesitate to write a vehement letter to the President complaining of segregationist and bigoted politics against blacks in government agencies. In this letter she contended that "as a lover of justice, and as a citizen jealous for the honor of my country, I feel I must protest with all possible earnestness against the segregation of colored employees in the government department of Washington" (Dock, 1913, quoted by Burnam, 1998, p. 255)." Such a racially inclusive stance contrasts with her active participation in the NWP which disregarded black women's plea for inclusion in society.

Lavinia Dock's vision of social responsibility and social justice was integral to her vision of democracy and comprised moral, spiritual, and political ideals. She related social justice to Christian values of "lifelong ideals for a better life for all humanity" (Dock, 1932, p. 25) and believed in socialist ideals of "some mode of communistic ownership and sharing of wealth" (Dock, 1932, p. 25) as a venue to enact her vision of social responsibility and a "new ideal" (Dock, 1907, p. 899) for society. So, Dock embraced socialism as a "hope of a social system, [that is] better than this crazy, mad one that we have when millions starve while boundless resources are available, and food is burned or thrown into the ocean to keep prices up" (Dock, 1932, p. 25). She regarded

socioeconomic equality -not just political equality- as crucial to achieve the holistic welfare of all in society. Kathryn Sklar (1995) points out that for many progressive and feminist women, socialism meant an extension of governmental responsibilities to deal with indigence issues and secure the well-being of the poor. Some believed in the Marxist claims that capitalist societies promote patriarchal values such as profitable productivity, efficiency, individualism assertiveness, and competitiveness (Marcusse, 1974) which result in an uneven distribution of goods such as education, housing, and health care.

At the time, government intervention seemed inevitable to many scholars to remedy the social problems created by the second industrial revolution and a large number of new immigrants. Thus, the American Socialist Party founded in 1901 blossomed among intellectuals during the first decade of the 20th century. However, its popularity was short-lived, and in 1912 after a good electoral turnout its followers began to decline steadily. In addition, the 1917 Russian Revolution, and the ensuing ‘red scare’ of communist expansion to the West prompted the rejection and persecution of socialist activists. A wide-spread intolerance for radical ideologies persisted throughout the 1920s.

As a pacifist, Dock did not endorse class revolution, nor did she become a member of the socialist party, although its radical stance greatly appealed to her. She writes: “Alas I have to confess, not in my life, and this duality is a constant source of sadness. But I see no way possible for me to live as a radical (at the time, she was 74 years old) ... I contend myself with voting the socialist tickets” (Dock, 1932, p. 25).

However, during President's Woodrow Wilson's tenure in office -in the midst of the Red Scare and the 1918 Sedition Act- Dock enacted in a courageous and defiant manner her social responsibility to pursue the well-being of the poor. She took part in numerous protests and strikes, and went to jail on a few occasions for participating in such demonstrations. In 1917 she picketed in front of the White House for the National Woman's Party despite the unpatriotic connotation bestowed on the women's suffrage movement and the pacifist movement after the USA entered World War I. She was taken to jail together with other protesters. Many went on a hunger strike and were forced fed by their jailers. Dock refused to pay the fine that would set her free, and released a defiant statement where she contends that:

I must conclude that I have been mistaken, heretofore, in crediting the American man with a sense of the ridiculous that would prevent him from committing the grotesque stupidities of his British brother in dealing with the woman suffrage demand ...Wrong! The American brother at the very helm of government is making the identical blunder in persistent denial and shunting aside of a demand which is sharpened by the most dire emergencies. And as a result of this, repressive measures are now being resorted to, though it has been a thousand times proved that each act of force and denial kindles fresh fires of determined resolution on the part of those who are bound to be free (Dock, 1917, quoted by Burnam, 1998, p. 265).

Indeed, imprisonment and police brutality against the demonstrators served to energize her social activism and defiance. Dock's civil disobedience was motivated by a profound and relentless sense of social responsibility for others, and a sense of urgency in securing social reforms for the under-privileged. Her 'determined resolution' was to pursue women's suffrage to bring about social justice and her ideal of a better democracy. Dock's positionality emerged from her experiences with those in need, and her activism

was strengthened by patriarchy's callous disregard for society's grievous social conditions.

Like Jane Addams, John Dewey, and other progressive early 20th century philosophers, Lavinia Dock challenged contemporary understandings of democracy and citizenship by positioning these ideologies beyond the right to vote and a particular form of government. Dock's philosophy of democracy is inclusive and holistic, and contests traditional conceptions of liberal democracy. Positioning social responsibility for others as the backbone of democracy and citizenship, she deconstructed narrow meanings of society's welfare as financial well-being, and traditional understandings of liberal democracy as individual rights. Dock interrogated the foundation of democracy itself and proposed a vision of citizenship and democracy beyond the right to vote. Expressions of citizenship were not limited to voting in political elections; they included enacting one's individual and communal social responsibility for others.

Dock and other settlement workers challenged contemporary notions that poverty was the consequence of a moral failure of the destitute (Rothman, 1978). In fact, at the time, social work with the poor aimed to "raise the character and elevate the moral nature" (p. 73), and most organizations were religiously oriented. Settlement houses such as HSS were secular as they believed that "all creeds have a common basis for fellowship, and their adherents may work together for humanity with mutual respect and esteem for the conviction of each when these are not brought into controversy" (Wald, 1935, p. 254). Moreover, settlement workers believed that the dignity of a job was pivotal to rescue individuals from poverty. Hence, their efforts centered on keeping the destitute

healthy, educating them, and providing them with skills training. Dock believed that poverty was not a moral failure, and she was adamant that the government was responsible for enacting social reforms to secure the well-being of all its citizens.

Chapter Five

Democracy and Global Caring

... the nurse should be more than a nurse. The nursing organization should see beyond the interests and needs of its own group. With a wider vision of both national and international citizenship, organized nurses will make their influence count increasingly in all forms of constructive health and social service and in the broader field of international relations (Dock & Stewart, 1938, pp. 297-298).

War is an integral part of the competitive system ... We believe that cooperation is the law of life and growth; competition, of destruction and death (Dock, 1916, p. 58)

In this 1938 excerpt from A Short History of Nursing which Lavinia Dock co-authored with Isabel Stewart, she conveys a few ideas of her understanding of global caring. Dock is alluding to the nursing associations and contends that they should embrace both a national and international vision of citizenship, and concern themselves with global health and social issues affecting human beings. In her view, nurses as agents for democracy also have a social responsibility for global caring, that is to crusade for the holistic well-being of *all individuals* in society *and the world*. Thus, nurses' responsibility extends beyond an individual's body, mind, and spirit into caring for society and the world in general. Dock articulates a vision of individuals *caring for all* human beings and celebrating the unique worth and contribution of each member of society in the construction of a new ideal of democracy. Likewise, as she alludes in the 1916 piece quoted above, Dock rejected war. She was a passionate pacifist who considered warfare a disease fueled by a patriarchal drive for competition for power and

supremacy among human beings. Dock blamed men and their exultation of individualism and competition for generating belligerence and confrontations among individuals and nations.

Indeed, society in the 19th century was largely afflicted by nationalism, imperialism, isolationism, colonialism, economic exploitation, racism, and an uncaring disregard for other individuals (Perry et al, 2000). Life and social issues in Europe and the rest of the world were similar to ours, and underprivileged individuals faced equally compelling problems. This period was followed by a strong arms race at the turn of the 20th century, and many nations worshiped glory and power above any human value, and war was a predictable consequence of this way of being in society (Krebs, 1984).

By the 1890s, the United States had become the biggest industrial power in the world. It was an era of great new wealth; the second industrial revolution was underway, but many farmers and workers were struggling against poverty. Rural Americans began migrating to urban cities trying to escape from poverty and looking for better job opportunities. At the same time, thousands of Eastern and Southern Europeans were coming to the USA in search of new chances in life. This created a critical over-population in urban areas with impoverished individuals struggling for work and facing malnutrition, health epidemics, and other social problems. Class differences between rich and poor were marked, and the flux of new immigrants added to the racial and ethnic problems of a society which remained largely segregated by class and race (Gruver, 1972; Link, 1968).

Actually at the time, isolationism, racial and ethnic intolerance, nativism, and distrust of non-Caucasians and new immigrants were prevalent in the USA. The 1881 creation of the American Protective Association to curtail the immigration of Catholics and southern and eastern Europeans; the 1882 Chinese Exclusion Act; the Immigration Act of 1907; and the 1924 National Origins Act which established national racial quotas, all espoused prevalent stereotypes of new immigrants as dirty, immoral, and supporters of radical ideologies. Moreover, many Americans feared that contemporary 'radical' European beliefs such as socialism, communism, and anarchism would corrode American democracy (Gruver, 1972). In addition, the contemporary tenets of Social Darwinism positioned earlier Anglo-Saxon immigrants as a 'superior' race, and rejected newer migrations from southern and eastern Europe and east Asia as racially and culturally 'inferior' to them.

Although there was much poverty especially in urban areas at the time, racial discrimination was probably more pervasive than class differences in USA society. The National Association for the Advancement of Colored People (NAACP) had been created in 1909 by W.E.B. Du Bois, Jane Addams, John Dewey, and others. It aimed to end lynching, racial discrimination, and attain full political rights and equal access to education for black Americans (Gruver, 1972). However, American society was still deeply segregated by race, and tainted by anti-black and native-American prejudice. As I have previously discussed in this study, these compelling societal problems created an altruistic determination in many Americans to bring about a moral and social

transformation of society, which resulted in the emergence of humanitarian movements such as the progressive, settlement, and social gospel movements.

Thus, Lavinia Dock lived in a turbulent era and fared through several wars and dramatic events within the USA and overseas. Indeed the Civil War erupted when she was only three years old; President Lincoln was assassinated when she was seven; and the Ku Klux Klan thrived throughout her childhood years. In 1877, when she was 19 years of age the Reconstruction period post abolition of slavery ended and the Federal troops withdrew from the South. Soon, white terrorism against blacks escalated, and the era of Confederate Major veteran James Crowe -one of the founders of the Ku Klux Klan- had begun. Lynching of black Americans was rampant particularly in the southern states. Some years later, the Spanish-American War erupted (1898) just two years after Dock joined the Henry Street Settlement where she established ample bonds with immigrants from diverse cultures. A year later, in 1899 the racial Segregation Act was enacted, and it is interesting to note that this same year Dock co-founded the International Council of Nurses to bring together black and white nurses worldwide. She also lived through the Great Depression of 1929, World Wars I (1914-1918) and II (1941-1947), the Jewish holocaust during World War II, the Cold War which began in 1947, the Korean War (1950), the construction of the atomic bomb in 1945, and the bombing of Hiroshima and Nagasaki that same year. It is very likely that these compelling historical events had a powerful effect on Lavinia Dock's ideas regarding pacifism and inclusion.

Dock's vision of global caring was based on an ideal of inclusiveness, and she contended that all individuals are worth the utmost respect as human beings, and can yield valuable contributions to the betterment of society and democracy. This inclusiveness privileges collaboration among human beings, and disavows exclusion based on gender, race, ethnicity, nationality, class, religion, and other differences which often separate individuals. Thus, she rejected racism as un-democratic and a hindrance to inclusion and global caring, privileged internationalism and disavowed nationalism and isolationism, and condemned war as a disease affecting society and the world.

In this chapter I will discuss Dock's understanding of social responsibility as global caring to secure the holistic welfare of all individuals in the world. I will also explore her complex position on racism, her understanding of citizenship as internationalism, and her ideas on pacifism which contested contemporary patriarchal conceptions of citizenship as defending one's country. Certainly, Dock anticipated by almost eight decades contemporary discussions on globalization, multi-national organizations, and international cooperation as central to human growth and the construction of a more just and democratic world.

Racism and Social Castes Are Un-democratic

Dock's vision of global caring and global citizenship included individuals who often embodied diverse ways of being in the world. Her interest in other cultures and the problems of humanity at large probably stemmed from her own diverse heritage, as her family background included English, German, and French ancestries. Likewise, she was brought up in an environment that emphasized respect for others.

Dock's experiences as a nurse and settlement worker interacting with new immigrants on a daily basis for 19 years enriched her own life, and her understanding of other cultures, ethnicities, and ways of being. She also traveled around Europe for two years (1903-1905) with her sister Margaret, and visited Italy, France, Switzerland, Austria, Germany, Holland, Belgium, England, and Greece. While in Europe, she got acquainted with nursing and social issues affecting the continent, and increased her knowledge of French, Italian, and German languages which she often utilized in communicating with the immigrants at Henry Street Settlement. This was one of Dock's many trips to Europe. She believed in the richness and value of diversified human experiences as pivotal for human growth and transformation, and for the construction of a global democracy.

Dock's vision embodies multiculturalism and diversity among individuals as a foundation for a better society and democracy. Her conception of multiculturalism resembles Leslie Bloom's (1998) conception of *equivalent* rights, as it aims to articulate a *we* within diversity, a *we* that does not entail a community only based on common experiences, goals, or values. Thus, a community can embody diverse individuals. Bloom's notion of equivalent rights also disavows traditional conceptions of multiculturalism which merely *add* other cultures to the 'standard' Western ways of knowing and being in the world. Likewise, Dock's vision of multiculturalism celebrates inclusion, community, diversity, and the uniqueness of each individual. She aimed for the inclusion and participation of all individuals in the construction of a new democratic society. Thus, racism, segregation, and the relegation of individuals as Other is un-democratic as it

deprives these human beings from participating in society in significant ways. Dock's vision of global democracy and caring positions inclusion as one of its pillars, and celebrates the human differences which often separate individuals. Social responsibility for the integral welfare of human beings includes different races and ways of living in society.

Dock also celebrated dissension and the right of every human being to differ from established norms. She writes: "It is much to be hoped that a wide variety of opinions and many diverging points of view will be presented ... for beside being so much more interesting, nothing does one so much good as having people disagree with one. It keeps one balanced" (Dock, 1901, p. 779). Dock believes that community and individual differences do not exclude each other. She adds that "we must first decide what we want to do, then find out what others who are of different opinions want, and finally by mutual agreement decide on concessions" (1900b p. 8). Likewise, Jane Addams (1920) contends that "... to know all sorts of men, in an indefinite way, is a preparation for better social adjustment - for the remedying of social ills"(p. 8). Like Lillian Wald and Jane Addams, Dock embraced immigrant neighbors' dissimilar ways of being in the world as an opportunity to grow and to improve society and democracy.

Like other progressive women, Dock and Addams espoused inclusiveness and diversity, and interrogated the exploitation, oppression, and manipulation of human beings (Munro, 1999). Consistent with this philosophy, Dock often takes a courageous and challenging stance against racism and denounces it with harsh words. However, her standpoint and actions in relation to race were complex and at times contradictory. As I

already pointed out in previous chapters, Dock struggled to overcome her own negative stereotypes in order to challenge early 20th century society's prevalent racism, and the rejection of blacks and new immigrants.

Her commitment to inclusion and holistic caring for *all* individuals was relentless. She did not hesitate to appeal to the highest authorities of the nation, particularly on issues of exclusion of women and blacks. For example, in a 1913 letter to President Wilson, Dock denounces the discrimination of Black Americans, and questions the foundation of American democracy itself. She expresses her disgust with the situation, and condemns government actions that condone social injustices and racism in federal offices.

As a lover of justice, and as a citizen jealous for the honor of my country, I feel I must protest with all possible earnestness against the segregation of colored employees in the government department of Washington. It is humiliation and disgrace which these loyal American born citizens have done nothing to deserve, but leaving them out of the question, I think we may feel sure from the teachings of history that, in enforcing it, the white race will suffer the greater deterioration in character; and now Sir, I may ask, is this disgraceful ruling to be harmonized with the constitutional amendments which assert the security of the negro race against unjust discriminations? It is surely a most sinister step toward the caste system which curses and hampers older countries, and a lamentable betrayal of democratic principles by a democratic administration. If caste is to be established, what classes are safe? and what becomes of our constitution guarantees? I earnestly hope this dangerous path may be abandoned (Dock, 1913, quoted by Burnam, 1998, p. 255)

In her plea to President Wilson, Dock appeals to democratic principles, and to the spirit of the constitutional amendments to end bigotry and discrimination. She also cautions the government to abandon the dangerous path of racial discrimination which could lead the USA to a social caste system like European society. Social castes have traditionally

advocated for the rejection of Other, and often display a lack of concern for the well-being of underprivileged individuals. Dock contends that this instance would hamper the growth and improvement of American democracy.

She urged the nurses' associations to expand their membership and build alliances with other groups. However, her plea was often faced with indifference by her colleagues particularly on issues related to racial inclusion. Frustrated with this attitude, in 1910 she cautions fellow nurses at the 13th Annual Convention of the Nurses Associate Alumnae that "I have seen evidences that made me think that this cruel and unchristian and un-ethical prejudice might creep in here in our [nursing] association" (Dock, 1910, quoted by Burnam, 1998, p. 230). She further challenged her colleagues to reject racism and discrimination, hoping "that this association of nurses will never get to the point where it draws the color line against our negro sister nurses, who are our sisters of the human race and our coworkers in our profession..." (Dock, 1910, quoted by Burnam, 1998, p. 230). Clearly, Dock's vision of global caring disavows discrimination based on gender, class, race, ethnic, or religious differences as un-democratic and detrimental to the betterment of society.

In her quest for inclusion of all human beings as members of a global democratic society, Dock also alluded to contemporary feelings of women's moral superiority to men. Addressing nurses at a convention of the Nurses Associated Alumnae she contended that:

we should on no account follow the cruel prejudices of men, whose tendency is towards destructiveness. Woman's place is to show how the world can be made a sweeter and pleasanter [sic] place; and I do hope that in this one human problem, in dealing with the question of

the negro [sic] race in America, that there, especially, we nurses will exercise and simply practise [sic] that one simple rule, to treat them as we would like to be treated ourselves (Dock, n.d., quoted by Burnam, 1998, p. 230)

Dock's critique of men's ways of being in the world was particularly harsh within the feminist and suffragist movements. She does not 'exclude men' as such but fiercely rejects the socially constructed gender roles assigned by patriarchy which position men as superior to women, favors exclusion and competition, and renders many men oblivious to the social needs of individuals constructed as Other. She urges nurses and all human beings to "practice that one simple rule" to treat others as we would like to be treated in return.

However, as I have mentioned previously in this study, society's cult of individualism and the powerful appeal of Social Darwinism prevalent in the late 19th and early 20th centuries curtailed collaboration to improve the socioeconomic welfare of individuals and society. Jane Addams (1920) contended that

We have learned to say that the good must be extended to all of society before it can be held secure by any one person or any one class but we have not yet learned to add to that statement, that unless all men and all classes contribute to a good, we cannot even be sure that it is worth having (p. 220).

Nonetheless, although Dock disputed patriarchal hegemony and its meta-narratives of oppression and prejudice, at times she failed to elude contemporary stereotypes towards foreigners. For example, in a 1905 letter to Lillian Wald she voices her concern on leaving a Henry Street Settlement summer camp without a caretaker. Dock writes: "so many of our things are out-for the use of these weird people- and my conviction is that out of ten people every 9 3/4 will steal..." (Ott 1994, p. 114). In a 1925 letter to Wald

who had just returned from a trip to Mexico, Dock states that “I’m thankful you got back home and not seized by fate in a foreign land like Miss Addams [Jane] at least not in the South [Mexico] where they are not germ free” (Ott, 1994, p. 143). Dock’s own ethnic and religious backgrounds were German, French, and Protestant, nonetheless she positions Jews as racially, intellectually, morally, and spiritually superior to non-Jews. This stance was unusual for the time as Jews were widely rejected by the Anglo-Saxon majority. For example, in her Self- Portrait (1932) article she contended that:

the intellectual and idealistic Jews [American wealthy Jews of German ancestry] of international outlook and sympathies that I met seemed to me the highest type of civilized man. Their clear, noble thoughts and finely tempered minds always gave me the impression of being in the presence of a superior race and I do think that as instruments of thought and intellectual, moral and spiritual penetration and perceptions no other minds quite equals theirs (p. 25).

It is problematic to make a definite stance against Dock’s racism. Yes, in some instances her demeanor is racist as in the previous examples, in others she deplores racial discrimination, and yet in other instances as in the above quote she displays an inversion of the contemporary racism about Jewish people. Indeed, Dock’s position on racism is complex, and at times contradictory. For example, on the one hand she would take a stance against racism and write letters to President Wilson in 1913 complaining of discrimination against African-Americans in government offices. On the other hand, that same year she joined the National Women’s Party (NWP), an organization that declined to condemn the denial of suffrage to southern black women.

Although distressing, this circumstance could reflect Dock’s sense of urgency for achieving social reforms which she envisioned would become reality with women’s

suffrage. At the time, the NWP was crusading for the national enfranchisement of women, and its members felt that lending support to southern black women could jeopardize the passage of the 19th Amendment to the Constitution. Overall, Dock's stance on racial inclusion remarkable for her epoch as it anticipated by almost eight decades ideas of racial inclusion, de-segregation, and anti-discrimination of the 1960s and 1970s Civil Rights Movement in the U.S.A.(Gruver, 1972). In fact, in 1925 at Henry Street Settlement where Dock lived and actively collaborated for nineteen years, 20% of settlement workers were African-Americans. This inter-racial experience in community living and collaboration was exceptional at a time when most social organizations in American society were racially segregated (Reynolds, 1991).

Internationalism

In a world that promoted individualism, social Darwinism, nationalism, and imperialism, Dock appealed for national *and* international fellowship, cooperation, caring, and compassion for others beyond the socially constructed differences that often separate individuals. Her vision of global caring calls for the construction of a “new ideal” (Dock, 1907, p. 899), a more just society, and a new and better democracy that pursues the holistic welfare of all individuals worldwide.

Dock's vision of a “nobler and fairer” society (Dock, 1907, p. 896) considered the world as one big community with people collaborating beyond individualistic and nationalistic interests. Thus, the rights of the community/ society/ world supercede the rights of an individual or nation. She acknowledged the social responsibility of every member of society to collaborate with others in securing the well-being of *all* human

beings. Dock believed that the well-being of individuals is inextricably associated at a global level.

Likewise, nurses should extend health care and promote holistic welfare beyond the needs of single individuals, community, or nations, and include the entire world. She writes: “and so closely are all the threads of modern life intertwined that it is a question how long we may as an organized society withhold our interest from these subjects and yet demand the interest and respect of society as a whole for ourselves and our individual problems” (Dock, 1907, p. 899). Dock is addressing a nursing convention in 1907, and urges her colleagues to enact their social responsibility and take an active stance in improving the well-being of society at large. The ‘subjects’ that she refers to included the deplorable labor conditions faced by many workers especially women and children, the unsanitary living conditions, the spread of infectious diseases, prostitution, and other compelling social problems prevalent in urban areas at the turn of the 20th century. Dock believed that the biopsychosocial well-being of each individual was crucial to their participation in the construction of a better global society and democracy.

Lavinia Dock’s vision of caring as global, beyond national boundaries and other socially constructed differences, also entails a vision of citizenship that is internationalist and embraces all individuals with their unique ways of being and acting in the world. She disavows difference as a way of relegating individuals as Other, and embodies diversity as enriching the life experiences of all human beings and improving democracy. Her work as a settlement worker and at the International Council of Nurses are testimonies to this belief.

Indeed, for Dock the world was a large community where people can learn from each other's experiences, and collaborate to secure a better society for all. True to her vision of global democracy, caring, and collaboration, in 1899 she established the International Council of Nurses (ICN) with Ethel Gordon Fenwick, an English nurse, and served as its Secretary for 23 years. ICN was the first international professional association in the world (Dock & Stewart, 1938) and its membership included 30 countries. Dock's dedication to this association was remarkable. She often paid for all her travel expenses to attend board meetings around the world.

The international council was instrumental in connecting nurses at a global level to exchange knowledge and support each other in their endeavors on behalf of human beings. For example, recounting the 1904 ICN meeting in Berlin, Dock comments that "the congress devoted an entire morning of one section to considering nursing education and the economic and social status of the nurse" (1904, p. 817). She continues to comment that "the congress also had one section on district [public health] nursing and relief work of various kinds among the sick poor" (p. 818). ICN was also dedicated to procure a "universal friendliness relation"(Dock, 1906d) among nurses.

The preamble to the constitution of ICN was written by Dock and states that:

we, the nurses of all nations, sincerely believing that the best good of our profession will be advanced by greater unity of thought, sympathy, and purpose, do hereby band ourselves in a confederation of workers to further the efficient care of the sick, and to secure the honor and the interests of the nursing profession (Dock, 1900a, p. 115).

Committed to 'the best good of our profession', this nursing association was adamant in only accepting as members groups that were self-governed by nurses. This stipulation is

not surprising as Dock believed that the imposition of physicians to lead nurses' organizations was un-democratic. Furthermore, Dock deemed that nurses ability to function independently was central to the enactment of their social responsibility to secure the holistic well-being of all individuals in society and the world. This belief was also congruent with her vision of nursing as a separate profession, and of nurses' personal accountability to society. Dock's position was quite radical for the times as nurses were often prevented from organizing independently from physicians, and were represented as hand-maids who just implement physicians orders.

Dock established lasting connections with many nurses and progressive women overseas. While in Europe, she continued to write articles for the American Journal of Nursing (AJN). Her commitment to internationalism is also evident in the numerous articles that she wrote for this journal. She named her regular section on AJN the Foreign Department and kept this section for 23 years. In this segment of AJN, Dock also shared her European experiences with American nurses to increase their awareness of the problems and issues confronted by foreign nurses and to educate her readers on life in other countries. For example, in a 1906 article for AJN she comments that "nearly all of the hospitals in British South Africa elect as ward sisters only nurses who either hold the diploma of trained nurses granted by the Colonial Medical Council, or, if educated outside of South Africa, have certificates entitling them to register here" (p. 298). At the time, USA nurses were crusading to establish a registration system to secure the quality of nursing care provided to the public, and Dock shares with her readers nurse's situation overseas.

Likewise, she utilized this regular column in the AJN to highlight the similarities between issues affecting nursing and women in the USA and abroad. Dock writes: “I have a strong conviction that one great reason why the New Zealand [nursing] work is so good is that every woman there has full suffrage just as men have” (p. 300). She also explains that “[in England] it was clear that the opposition was not hostile to registration per se, but to the principle of an independent, self-controlling profession” (Dock & Stewart, 1938, p. 258). Certainly, at the time the situation of English women was similar to that of American women, and nurses in particular faced similar issues in both countries.

Dock’s re-conceptualization of democracy as global caring embraces notions of citizenship based on caring for others and collaboration beyond national boundaries. Moreover, it re-affirms her understanding of caring and social responsibility for the holistic well-being of *all* human beings in the world. Dock’s global (internationalist) vision of democracy as caring relies on inclusion, collaboration and communal rights; it celebrates difference and multiple ways of being in the world as assets to the construction of a better society.

Democracy and Pacifism

Dock’s construction of citizenship as global caring and internationalism entailed rejecting war and fighting that harms human beings. Likewise, she embraced pacifism and inclusion and disavowed combat, hostility against other human beings, and isolationism. Her pacifism probably stemmed from the experiences that she encountered in her 98 years of existence. In fact, it is possible that the compelling national and world

events that Dock lived through were instrumental in shaping her stance against war, and strengthening her strong sense of social responsibility for the global and holistic welfare of all human beings.

Congruent with the idea of social responsibility for others, Lavinia Dock, Lillian Wald, Jane Addams, and other progressive women rejected male conceptions of citizenship which fostered military notions bent on destroying ‘enemies.’ These notions encouraged perceptions of outsiders as constant threats to the existence of countries as ‘independent’ nations (Addams, 1911). Contesting these ideas, Addams (1911) argues for a new vision of citizenship which endorses a “new heroism determined to abolish poverty and disease” (p. 24). She adds that “this new patriotism will overcome arbitrary boundaries and soak up the notion of nationalism” (Addams, 1911, p. 19). Likewise, Dock believes that “a new ideal is a revolt against war as war... it is arising in the minds of women, even some nurses, who see war as organized murder, and the militaristic spirit as the enemy of humanity” (1915, p. 497). Dock and Addams’ vision disavows conceptions of citizenship which include a willingness to kill other individuals in order to preserve national interests. Their vision privileges a disposition to collaborate with others and to work towards common goals to improve democracy and the world at large.

Jane Addams (1911) contends that “until society manages to combine the two [‘relations within the tribe’ and relations with outsiders] we shall make no headway toward the Newer Ideals of Peace” (p. 11). Her ‘newer ideals of peace’ embrace fellowship among human beings beyond individual and national differences, and promote compassion for the entire human race. Dock and Addams’ new ideal of citizenship

abjures any “monopolistic control of land, and the earth treasures within -in race hatred and jealousy- in fierce, lawless and greedy rivalry for trade; in the promulgated belief that one nation can only live and grow by destroying, by exterminating another...”(Dock, 1915, pp. 847-848). These women were passionate pacifists and their anti-war positionality was quite radical for the times.

Indeed, President Woodrow Wilson had pressed for the USA involvement in the conflict. Historian Rebecca Gruver (1972) contends that the enthusiasm for the war became a decoy for the suppression of racial, labor, women’s issues, and political dissent. She argues that president Wilson sold the war to the people “as a crusade between ‘good’ and ‘evil’” (Gruver, 1972, p. 855). War became the equivalent of patriotism, and pacifism denoted treason (Evans, 1977 ; Roberts & Group, 1995 ; Gruver, 1972). Vigilante groups such as “The American Protective League” and the “National Security League” emerged around the country, and broke pacifist and socialist meetings. Simple criticism became a reason for arrest and imprisonment (Gruver, 1972).

Although pacifism turned problematic when the USA joined this war (1917), socialists and radicals continued to crusade for pacifism contending that this world conflict was as a fight for capitalistic endeavors. Pacifists became increasingly unpopular; they were repressed and perceived as a threat to national security. In fact, the Espionage, the Trading with the Enemy Acts of 1917, and the Sedition Act of 1918 were enacted during this time under Woodrow Wilson’s presidency. Thus, Henry Street Settlement ensued financial difficulties as benefactor’s funds were withdrawn in retaliation for Wald and Dock’s anti-war stance (Roberts & Group, 1995).

True to her ideas of peace and collaboration among individuals and nations, Dock worked with Lillian Wald and other pacifists in the National Women's Peace Party (NWPP). It was founded in 1915, before the entrance of the USA into WWI in 1917, and elected Jane Addams as chairwoman of the organization. The NWPP was driven by an antiwar conviction that became prevalent in the country as war ignited in Europe. One month after the outbreak of WWI, Dock participated with fifteen hundred other women (which included Lillian Wald, Jane Addams, Charlotte Perkins Gillman, Leonora O'Reilly, Carrie Chapman Catt and others) in a silent march down Fifth Avenue in New York City to protest against war. They marched to the rhythm of muffled drums following a young woman who was holding a white banner of a dove and olive branch. They were accompanied by more than 20,000 spectators who lined the streets. Also marching for peace were women from Germany, Austria, England, and France, which were the nations at war (Roberts & Group, 1995).

By the end of World War I Dock reluctantly conceded that war was unavoidable. She wrote: "I [gave] up the last hope for negotiated peace...I am now for a fight for the finish trusting that other kings will topple over as those worst ones are brought down" (Burnam, 1998, pp. 259-260). This contradiction in Dock's pacifist ideals probably stems from a realization that the removal of some European monarchs represented the best chance of ending the war and saving additional human lives.

However, World War I heightened the spiritual turmoil that produced this global conflict, and Western civilization entered an age of violence and contempt for life. In 1919 one year after the end of World War I, President Wilson proposed the formation of

a League of Nations to preserve peace. The league would give the countries a world alliance where they could debate their differences. Likewise, peace secured the preservation of western civilization in its liberal democratic and Christian form (Perry et al, 2000). This international confederation was approved by the former WWI Allies with the Versailles Treaty, yet turned down by the United State's Congress. American politicians refused to endorse the League fearing that it would diminish USA's sovereignty and threaten the tradition of isolationism from other countries.

Thus Dock and Addam's re-conceptualization of citizenship as internationalist and endorsing pacifism was radical and challenged contemporary trends in society. Central to their vision of pacifism was contesting male conceptions of citizenship as fighting for one's country, individualism, competitiveness, and exclusion of others. Dock and Addams', engendered re-conceptualization of citizenship for a global democracy embodies nurturing, caring, nursing others, community, and collaboration. Moreover, Dock's vision disavows warfare and calls for a new construction of heroism that is committed to rescind war and fight diseases.

Dock correlated war with disease and positioned it as a threat to human welfare and a misconstruction of one's social responsibility for the well-being of all in society. Peace represented a new patriotic sentiment and the expression of a new understanding of citizenship. Pacifism was central to Dock's vision of securing the holistic welfare of all individuals and society. She promoted internationalism and contended that "the world, our one common country, international association and organization for world law the only hope for our future" (Dock,1916, p. 59). Furthermore, Dock argued that a World

Health Department should be established, and one of its charges was to ban war as a fertile cause for many diseases (Roberts & Group, 1995). Her idea of a world health alliance was later enacted as the World Health Organization, but eradicating war is not its main focus.

Dock embodied her ideals of pacifism, internationalism, and collaboration beyond nationalities and other socially constructed differences. She was tireless in her crusade to bring individuals together and denounce war. As a writer for the American Journal of Nursing's 'Foreign Department' column, Dock wrote compelling articles criticizing World Wars I and II. She condemned them as barbaric and inhumane, and defiantly blamed men and their destructive competitiveness and greed as the instigators of war (Dock, 1915). In fact, Dock maintains that men declare war to gain "monopolistic control of land and the earth treasures within -in race hatred and jealousy- in fierce, lawless and greedy rivalry for trade..."(1915, p. 847). She also argues that "war and poverty are twin monsters with their roots in the same foul soil, the despotic belief that an individual and country can only find prosperity by crushing some other individual or country (1914, p. 47) ... [warfare is] is a specimen of man's stupidity ... a return to the age of the tiger and the ape" (1915, p. 847). Likewise, Dock contends that the betterment of society could be achieved through mutual collaboration, and condemns fighting and 'crushing other individuals or countries' as barbaric acts against humanity. In Dock's view, pacifism was a moral imperative since it was paramount to achieve social justice and the betterment of society and the world.

In particular, Dock summons nurses to refrain from participating in the inhumane practice of healing soldiers so that they can return to the battle front. She contended that wounded soldiers should receive medical care and then be returned to the motherland. Dock writes: "...even nurses should strike, or nurse the soldiers only on condition that every man who regained his health should be allowed to go back to his work, and not to the front" (Dock, 1916, p. 230). Likewise, she criticized military nursing because "he who is opposed to war must also be opposed to every measure that promotes war, and an efficient nursing service certainly does, when under military control ... To nurse a man back to health then send him once again to the battlefield, is something monstrous" (Dock, 1916, p. 230)." Dock contended that nurses should oppose war, and anything that promotes it or makes it easier to sustain. Indeed, nurses have the social responsibility to secure the well-being of human beings, and repel war and bloodshed.

In fact, in 1914 at the beginning of World War I Dock wrote a fiery article in her Foreign Department section at AJN denouncing warfare and military nursing. For example, responding to questions from her readers in relation to the Foreign Department's lack of reporting on the progression of WWI, Dock contends that "the Foreign Department, at any rate, intends to boycott this particular war. The only mention it will draw from us will be denunciation of 'War' as a specimen of man's stupidity. This war will get no advertising, no 'write-ups'" (1915, p. 847). She adds that "the writer [of this piece] at least is no longer able to regard war and army nursing with any feeling save that of horror and aversion, as being part of a vast and hideous stupidity which a civilized nation should cast from it for ever"(p. 47). Dock's remark of 'hideous stupidity' alludes

to traditional patriarchal sentiments of patriotism and nationalism which often position one nation against another and annihilate human beings. She also contended that military nursing supported and dignified war.

Dock also denounced the Red Cross for “tacit giving a moral support to war” (Dock, 1914, p. 47) and helping “keep alive the glorification of war and adulation of the soldier as a soldier, though as plain working man in mine, factory or trade, the same soldier becomes a creature ignored, forgotten, and then despised” (Dock, 1915, p. 497). Like with military nursing, Dock believed that the Red Cross gave an implicit moral support to war by sending nurses to the front-lines to take care of the wounded which were subsequently sent back to combat. In addition, she argued that the glorification of war as fighting for one’s country positioned war as a viable and patriotic alternative to solve conflicts among nations. Dock contended that patriarchal constructions of citizenship value individuals primarily for their contributions as soldiers fighting for their country, and disavow nurturing and cooperation with others as expressions of citizenship.

Dock challenged women to become responsible citizens by taking action against war. She argued that women “should have the great moral force to refuse every kind of work that would promote war. It would be a deed of sublime courage for it would mean sitting still in a time when men would expect us to show our love for them and our country by doing their work” (Dock, 1916, p. 230). Dock invited women to ‘fight’ war by daring to challenge the patriarchal call to carry out traditional male roles in society so that men could rush to the front lines of war. She appeals to women to boycott any type of work that condones war.

Thus, Dock presents a vision of citizenship and love for others beyond one's family, community, or country. Her vision rejects violence against others and privileges caring for the well-being of every member of society beyond the limitations imposed by national boundaries. Enacting this vision was a lifelong commitment for Dock. Indeed, at the age of 89 and 'retired from nursing' she wrote harsh letters to the Secretary of State General George Marshall condemning the USA's bellicose position towards the Soviet Union.

These were the years of the Cold War, and she denounced the USA and the Soviet Union for keeping the threat of war alive and refusing to work towards peace and conciliation. In one of her letters to General Marshall, Dock argues that "everyone who reads the papers or weeklies- even monthlies, know that the American power is at present in a State of Hysteria- bordering even on panic, through fear of Communism. The Russians are too intelligent to be modified by smooth words...the Russians have been, in the eyes of the world **ignored**" (June 1947, in Monteiro 1978, p. 50). In another letter to Secretary Marshall and to the Soviet Ambassador in Washington D.C. she blames them for the lack of representation of Russian nurses in a 1947 ICN convention in Atlantic City. Dock is irate with this situation. She writes: "this is your [Marshall's] fault... it was an important event ... the Russian nurses should have been there..." (May 1947, in Monteiro, 1978, p. 49). In turn, addressing the Soviet Ambassador, she denounces that "no [Russian] delegates were here, no report could be made as to why there was no response from their country; no mention even was made of their absence, for this would

have necessitated giving a reason, and that reason would have necessitated laying the blame fully on their country...” (June 1947, in Monteiro, 1978, p. 50).

Dock also shares with Secretary of State Marshall her position on nursing and warfare. She contends that “the nurses have no enemies. We do not recognize national jealousies. We care nothing for men’s quarrels” (May 1947, in Monteiro, 1978, p. 50).

Dock emphasizes her repudiation of patriarchal conceptions of citizenship which accent warfare and belligerence over caring and nurturing, and individual (national) over communal (global) rights and values. Nationalism and war oppose nurses’ social responsibility for securing the well-being of all in society. Like Jane Addams, Lavinia Dock called for a re-envisioning of citizenship and challenged individuals to “show another kind of courage, of love for our country ... do everything to make war impossible” (Dock, 1916, p. 230). In Dock’s view, the glorification of citizenship as fighting for one’s country decimates feelings of global caring and fellowship among human beings.

In sum, Dock’s conception of caring is inclusive and encompasses all individuals and the world. It calls for universal affection and caring beyond one’s family, community, or country. Likewise, inclusion embraces us *and* them interacting, celebrating differences, collaborating, becoming better human beings, and improving society and democracy. Her passionate pacifism is congruent with her ideas of caring beyond individual differences and national boundaries. Likewise, as *all* individuals become members of a collaborating community, it seems inconceivable to harm one another. Individuals would deem unthinkable to attack a close partner who is a fellow in

a worldwide community of human beings. Dock views war as a disease and a detriment to human growth and a better democracy. She contends that war is nourished by men's nationalistic and militaristic conceptions of citizenship and competitiveness. Furthermore, in a radical feminist stance, Dock argues that warfare is fueled by men's lack of compassion for other human beings.

Chapter Six

Conclusion

Many of the difficulties which nurses faced in the past, were due to the social, educational and economic handicaps which affected women particularly (Dock & Stewart, 1938, p. 367).

In this 1938 quote from her book A Short History of Nursing Lavinia Lloyd Dock re-affirms her argument that nursing -which continues to be largely a ‘female’ profession-has faced many of the challenges affecting women in general. Some of these difficulties include the patriarchal representation of women which is still constructed within traditional gender roles. The depiction of traditional women’s role features a subordination to male figures, an appreciation for housekeeping values, and the devaluation of women as ‘legitimates’ knowers. Not surprisingly, nurses have been historically positioned within this gendered conception of female roles.

In this chapter I will explore issues related to the representation of nurses within traditional female roles and the function of nursing education in preserving this conventional gendered position. In this concluding chapter I will also discuss how Dock’s philosophy of caring as social responsibility can assist today’s nurses and nurse educators in particular in exploring some of the obstacles which have traditionally undermined the enactment of nurses’ role in society. The discussion will also center on my vision of a democratic nursing curriculum as it stems from Lavinia Dock’s ideas and work. I will begin the conclusion of this dissertation by reflecting on some of the

difficulties in writing about women's lives, the challenges of re-presenting Lavinia Dock's life story in particular, and some of the complexities embodied in her ideas.

Re-presenting Women's Lives

As I discussed throughout this dissertation, Dock's contributions to nursing and to American society in general were vast and significant. Although greatly overlooked, her work embodies public health nursing, nursing education, the progressive, feminist, suffragist, and pacifist movements, social reforms, and many other humanistic endeavors. However, the patriarchal narrative of history has situated her in a marginal role among pioneer American nurses. Moreover, Florence Nightingale (1820-1910) a British nurse has been widely positioned as a central figure in nursing history. Not surprising, and consequent with the traditional discourse of history, Nightingale is mostly recognized for her role nursing soldiers in the Crimean war.

In fact, history has often constructed its story around wars and other situations which are meaningful to men's ways of viewing the world. Thus, although her contributions in other areas of nursing were equally significant, Florence Nightingale's main recognition centers on her services during the war. This circumstance is congruent with the male language that dominates historical narratives. Dock's involvement with women's issues, nursing as a discipline, social justice, and pacifism represent propositions which traditionally have not been included in the story portrayed by history. Moreover, featuring women and nurses in particular as agents, and not mere objects of historical events defies the traditional account of history.

Writing about a woman's life and work is not an easy task. On the one hand, traditional historical narratives have largely excluded women as agents in the production of significant events in society. History has positioned women in the private sphere removed from political events which have been traditionally situated in the public arena. Thus, there is often a limited amount of historical sources that document their lives and accomplishments. On the other hand, the traditional narrative of history and its patriarchal intonation largely silences their voices and suppresses the complexity of women's lives and its recursions, contradictions, intricacy, and multiple layers of meaning. Actually, one often learns about women's lives by reading between the lines in their writings, perceiving what has not been written about their lives, and contextualizing their ways of being and acting in the world within the epoch in which they lived.

The research for this dissertation educated me in relation to Dock's work and accomplishments. However, as an individual, this complex woman still largely remains an enigma, and her personal life continues to be a mystery. Who was Lavinia Dock as an individual human being? What energized her to devote her life to social endeavors? Why did she choose to live her life the way she did? Why has she been largely ignored in historical narratives? Why did she remain single? How did she relate to others in her personal life? Were her professionalism and devotion to social activism a way to avert her personal life? These and other questions could not be fully answered in the historiography that I constructed of her life.

Writing about Dock's life history was in fact a challenging task. At times the narrative of this study positions her as a hero. Indeed the magnitude and quality of her

work is impressive, and her relentless commitment to improve the lives of other human beings is compelling and engaging. However, in her work one also encounters the difficulties and complexity embedded in her ideas. For example, Dock's vision of democracy and social responsibility as with any ideal of democracy can never be completely reached.

Complexity and Challenges within Dock's Ideas:
Her Vision of Democracy

Dock's vision for the holistic well-being of society calls for an unsettled and continually shifting democracy that grows and transforms itself with society's own development. Thus, the ideal of democracy is never achieved, and the process is never completed. As Derrida points out democracy is always a democracy "to come" (1992, p.78), it has "the structure of a promise" (p.78), and is forever in the process of becoming a better version of itself. The social responsibility of nurses for the holistic welfare of others also needs to evolve as human beings and society develop into other ways of being and encounter new biopsychosocial and spiritual needs for life.

Dock's idea of democracy favors a socialist democracy. Indeed, she believes that democracy's main purpose is to procure the holistic well-being of each individual in society. In her vision, a democracy comes to be as individuals enact their social responsibility towards others in society. Dock contests capitalistic democracies based largely on quests for individual gains and financial affluence as it brings about social inequalities. Moreover, her conception of democracy extends to all individuals beyond socially constructed differences and nationalities. She was an internationalist who viewed the world as one big community with individuals collaborating with each other to

construct a better and more fair democracy for all. Indeed, Lavinia Dock places a great deal of faith in human beings and on nurses in particular in relation to their ability to fraternize and empathize with the needs and suffering of others. So far, her ideal of social responsibility for others has not been fully enacted in the democracies of the world.

In addition, Lavinia Dock's philosophy of caring as a social responsibility to secure the overall well-being of individuals re-focuses nurses role in society. She empowered nurses to assume their role as patient advocates, and in turn, enact their political calling to participate in the improvement of democracy and construct a better and more fair society. Dock positioned nursing as political and commissioned nurses to extend their traditional values of caring to include a social responsibility for society to secure the overall biopsychosocial well-being of individuals, society, and the world. However, nurses cannot assume the sole responsibility to bring about this ideal of democracy, the endeavor requires participation of all individuals in society.

Dock fathomed that her ideal of a social democracy would not be achieved under the patriarchal conditions that ruled society. In addition, she blamed men and the contemporary patriarchal discourse for privileging values of individualism, competition, and detachment which set the stage for the widespread social injustices at the turn of the 20th century. Some of these social evils included poverty, child labor, malnutrition, health epidemics, prostitution, white slavery, overcrowded living conditions, and lack of equal access to education and of social regulations to protect women, children, and the under-privileged. Dock associated poverty with disease, and consequently re-

conceptualized welfare beyond financial well-being to include the overall biopsychosocial being of all individuals. She viewed poverty and other social problems as un-democratic signs as they prevented individuals from participating in democracy in significant ways. Dock believed that traditional liberal democracy had failed as it had not secured the well-being of all in society.

Constructing a Democratic Society:
The Challenges Facing Nurses

Dock's quest, as those of many other progressive women, provides valuable insight on how some late 19th and early 20th century women, and nurses in particular grappled with issues of subordination to patriarchal domination and effected social reforms to improve democracy and society. Indeed, patriarchal conceptions of society have traditionally dominated nursing's philosophy of education and practice in the U.S.A. and many other countries. The late 19th and early 20th centuries can be regarded as the 'golden years' for the discipline inasmuch as many nurses challenged and subverted patriarchal social constructs which oppressed them and curtailed their role in society.

Dock perceived that women and their traditional 'housekeeping' values of rearing, nurturing, caring, collaboration, and their appreciation of communal virtues were better positioned to achieve changes in society. This endeavor required the enfranchisement of women which would provide them with the power to effect compelling social reforms. This prospect incited Dock to become a relentless social activist and a devoted suffragist. She enacted her activism as an expression of her sense of social responsibility for the welfare of others. Dock utilized several venues to crusade for social reforms, such as

settlement work, writing, teaching, union work, and membership in many civic and professional organizations both at national and international levels. She rejected war and was a devoted pacifist. In fact, Dock viewed war as a disease affecting human beings fueled by nationalistic conceptions of citizenship as ‘fighting for one’s country’.

Dock’s ideas of holistic caring and social responsibility are most relevant in light of today’s health care reality which fragments the medical treatment of individuals, and limits the access to quality health care to many members of society. For example, the United States’ Census Bureau reported that in the year 2000, 38.7 million Americans had no health care coverage, and that in some instances one out of seven individuals lacked health insurance for a full year (Paolucci, 2002). Moreover, according to the World Health Report 2000 prepared by the World Health Organization (WHO), the U.S.A. ranks 37 out of 191 nations for its performance in the promotion, restoration, and maintenance of health of its population. These results are compelling and astonishing as the United States is one of the richest countries in the world, has the most advanced medical technology, and spends around 15% of the gross national product in health care for its population, a much higher percentage than other countries (WHO, 2000). Likewise, 4 out of 5 nurses report that the contemporary ‘managed care’ health system has decreased the quality of care to sick individuals, and two thirds of the nurses contend that they have encountered as often as once a week decisions from health insurance personnel which resulted in a decline in patient’s health (Stewart, 1999).

Today, at the beginning of the 21st century, the challenges confronting nurses, and their position in society remain largely similar to the ones that nurses faced in the early

20th century. Its gender configuration continues to be similar to the past century, and The American Nurse (2000) -an official publication of the American Nurses Association- reports that women still account for more than 90% of nurses in the USA. Likewise, although today's nurses are educated in academia and pursue advanced degrees, they still remain largely silenced and oppressed by a patriarchal health care system whose power structure remains intact and largely un-challenged. Nonetheless, nurses need to interrogate their own responsibility in sustaining this situation and their shortcomings to bring about much needed reforms to the health care system.

Our present health care situation bears some resemblance with the one nurses encountered in the late eighteen and early nineteen hundreds. At the turn of the 20th century, nurses were struggling to assert themselves as legitimate knowers, and to gain a voice in the health care system to effect important social and health care reforms. At the time, nurses' commitment to care was crucial for securing the welfare of under-privileged individuals. As with today's situation, these nurses faced the everyday reality of patient's unequal access to quality health care in American society. Ironically, today many nurses still struggle with issues of voice and empowerment to act as patient advocates. Moreover, many nurses and other health care professionals have experienced with a feeling of frustration and defeat the restructuring of many hospitals, and changes in health insurance coverage. These reforms have lead to inadequate staffing, downsizing of nursing positions, extensive use of insufficiently trained and unlicensed health care technicians, mandatory overtime, cost-containment policies which result in insufficient medical supplies, increased level of patient acuity, early patient discharge,

and other problems which have negatively impacted the quality of care delivered to patients (Cherry & Jacob, 1999 ; Catalano, 1996 ; Kalisch & Kalisch, 1995 ; Burt, 1995).

As I discussed earlier, Dock's ideas on nurses' social responsibility to society are remarkable and relevant to today's nursing education and practice. There are many valuable insights that one can draw from Dock's philosophy of holistic welfare, caring as social responsibility, and her gendered understanding of democracy and nurses as agents for democracy. As a nurse educator, I want to conclude this study by exploring some implications of Lavinia Dock's ideas for nursing and nursing education. She assigns nursing a central role in the improvement of society and positions nursing education as educating agents for securing and improving democracy.

Following Dock's ideas, I contemplate a re-conceptualization of nursing curricula to prepare nurses to claim their role as agents for a better society and democracy. The enactment of this role requires the disruption of our patriarchal health care system. Thus, nursing education needs to empower student nurses to develop the attitudes to achieve this goal such as assertiveness to promote change, and acquire knowledge of the political issues affecting society and the delivery of health care. Furthermore, nursing curricula need to promote an understanding of caring as a social responsibility for securing the holistic welfare of individuals, society, and the world.

I will begin this discussion by focusing on the impact of patriarchal domination on the discipline of nursing, and on nursing education in particular. This long-standing situation has resulted in an alienation of the social responsibility of nurses in society. I

will also interrogate the contemporary role of nurses in relation to this social commitment, and explore ideas on a new democratic curriculum that would empower nurses to enact their responsibility for securing the holistic welfare of individuals and of society at large.

Nursing as “Women’s Profession”

Traditionally considered ‘a woman’s profession’, nursing has been fertile ground for patriarchal control and repression. Nurses have been traditionally represented as a ‘labor’ force within the health care system, and as inferior, working class objects who need supervision from physicians (Sarnecky, 1990). The patriarchal discourse of health care has subordinated them to mere hand-maids carrying out ranked ‘orders’ from physicians and hospital administrators. Likewise, it has ignored their role as subjects of knowledge, and their active and crucial participation in providing a valuable health care service to society.

Not surprising, at the turn of the 20th century, the nurses at Henry Street Settlement (HSS) were constantly faced with the opposition of many physicians and other powerful male figures who belittled their work and their position as ‘legitimate’ knowers. In her book The House on Henry Street Lillian Wald provides examples of physician’s frequent disregard for nurses’ contributions to health care. Wald writes:

The mother, when questioned as to the delay in sending for nursing help, said that the doctor had frightened her from doing so by telling her that, if a nurse came, the children would surely be sent to the hospital. No disinfectant was found in the house and the mother declared that no instructions had been given to her (1935, pp. 35-36)

Indeed, as nurses and women, HSS nurses faced that epoch's predominant characterization of women's knowledge as non-legitimate, and their experiences as irrelevant. In a 1909 letter to a physician Lavinia Dock questions the motives for their opposition to the registration of nurses, and disrupts the prevalent representation of nurses as 'inferior' to physicians. Dock argues that:

...for what good would your knowledge and skill be to you if you could not get your patients kept alive? And here you are, trying to beat down and crush the very women on whom your success depends, and why? Because they are endeavoring to protect and safeguard that very education which has enabled them to be such an asset to the medical profession as it has never had in the world's history. Now, if you do not think that is shabby, I do, and I challenge you to put it in your Code of Ethics (Dock, 1909, quoted by Burnam, 1998, p. 171)

Dock grappled with the representation of women as inferior and interrogated the power relations behind patriarchal domination. For example, as the above quote denotes, she challenged the opposition of physicians to the education of nurses and featured nurses' central role in fighting diseases in their everyday practice with patients. She aimed to assert nurses as 'legitimate' knowers, and as subjects and agents of health care knowledge. Dock also aspired to initiate an ongoing process of deconstructing the representation of nurses as objects, and passive and ignorant aides to physicians.

At the onset of the 21st century, nurses continue to face similar issues as those confronted by Dock and other early 20th century nurses. Nurses have still not fully deconstructed their traditionally prescribed role in health care, nor have they altogether addressed issues related to the scope of their responsibility for the care of patients, as well as their social responsibility within the health care system. Furthermore, nurses

have not devised effective strategies to maximize team work, and the utilization of their knowledge and talents in the care of patients. The reasons for this failure are varied and complex and include gender issues. However, as I will discuss later in this chapter, nursing education has played a major role in positioning nurses in a subservient capacity within health care. This position has limited their effectiveness as patient advocates and encroached on the enactment of their social responsibility towards others in society.

The Legacy of Patriarchal Curricula

Nursing has a tradition of enduring firm patriarchal control at different times in history. For example, at certain epochs in the distant past, nursing care was provided primarily by religious orders and military personnel. Traditionally, each of these institutions have emphasized loyalty to superiors, a commitment to enact ranked orders, to follow unquestionable directives, an apprenticeship model to teaching, and an allegiance to rigid procedures and rituals (Ashley, 1997 ; Roberts & Group, 1995 ; Kalisch & Kalisch, 1995 ; Reverby, 1987 ; Welch, 1980 ; Dock & Stuart, 1932). These values have remained firmly grounded and notably uncontested in nursing. In fact, at present such a legacy can still be clearly identified in nursing education and practice.

Although seldom recognized by nurses, androcentric and patriarchal overtones can be traced everywhere in nursing. For example, following its patriarchal military and religious heritage, nursing education is authoritarian, often utilizes a discourse that favors duties and not rights, demands virtually complete dedication from student nurses, promotes isolation from everyday social life, and frequently requires grueling

assignments which at times resemble ‘right of passage’ challenges that students need to accomplish in order to graduate.

Moreover, in its efforts to become a ‘legitimate profession’ recognized as ‘science’ by academia, nursing has progressively divorced itself from experience and pursued scientific grand principles as a foundation for its knowledge base and praxis. Thus, nursing curricula favor male values of order, objectivity, and reason over women’s ways of knowing and being in the world, such as experience, intuition, emotional perception, and imagination. Likewise, the adherence to ‘standardized’ procedures is often emphasized and rewarded, whereas creativity and variance are deplored. Chaos, imagination, and improvisation are considered detrimental to learning, whereas highly structured situations and adherence to rigid procedures and rituals are often preferred teaching and learning strategies both in classroom and clinical practice. In addition, nursing curricula largely embrace impartiality, rationality, compliance, dedication, sacrifice, altruism, and obedience as virtues to be adopted by nurses.

Thus, inserted in one of the cores of patriarchy (the health care system) and immersed in this culture, nursing education has traditionally espoused a ‘hidden curriculum’ dominated by patriarchal-androcentric values and meta-narratives. Consequently, nursing curricula have largely fostered a submissive, amenable, and task-oriented role for nurses which perpetuates the tradition of a patriarchal system that rules health care. Moreover, this approach to nursing education has been pivotal in the preservation of a system grounded in rationality, detachment, ‘scientific rigor’, hierarchies, competitiveness, individualism, and other male oriented values which have

often fostered a de-humanization of sick individuals. As a result, nursing has unknowingly reinforced a largely oppressive and troublesome health system, often driven by individualistic economic gains, and which frequently fails to provide quality care to all individuals in need. Simply stated, nursing curricula have frequently failed to foster the development of nurses' social responsibility to society, and to challenge a system that largely disavows the holistic welfare of individuals.

The structure of our health care network relies on power relations, dominance of men, and traditional male values over women, nurses, and individuals in need of health care (Ashley, 1997 ; Roberts & Group, 1995 ; Webster, 1993 ; Wilson, 1971). This domination often pursues individualistic interests (social prestige, power, money) and frequently collides with the delivery of humane care to all individuals in need. Overall, the system often nullifies nurses' role as human advocates, alienates them from their social responsibility, and surrenders humane care for economic gain.

Furthermore, under the assumption that nursing is largely scientifically based and as such removed from everyday political concerns, nurse educators have traditionally eluded discussion of compelling political issues (such as social responsibility, access to health care, poverty, social policies, and the meaning of citizenship in a democratic society) and their intersections with the role of the nurse. For example, nursing education needs to encourage an open discussion of the political issues surrounding poverty as a cause of individual and social illnesses, and the impact of a patriarchal health care system on the role of nurses in society. Again, by not challenging these discourses, nursing

education perpetuates the preparation of nurses who are often ill-equipped to confront a notably troublesome and complex health care system.

Nursing's traditional philosophy of education is notably dissonant with everyday experience and the realities of clinical practice. Indeed, as a result of today's life and the characteristics of the health care structure, nurses encounter increasingly chaotic and complex situations in their everyday practice. These situations often defeat pure reasoning, rigid procedures and plans, and sole reliance on methods and theoretical knowledge as effective approaches of dealing with them. Instead, they demand creativity, flexibility, imagination, and even intuition to contend with the challenges that they present to health care professionals and to nurses in particular. More important individuals in need of health care deserve to be cared by an assertive nurse who will advocate to secure their best interest, and provide them holistic and excellent care.

Are Nurses Enacting Their Social Responsibility in Society?

Faced with the challenges of our current health care situation, nurses often feel unable to intervene on behalf of patients. In fact, they commonly exhibit little awareness of befitting strategies to amend the ills that affect our health care system, and often lack sufficient assertiveness to denounce objectionable situations that could compromise patient welfare. Indeed, positioned in an oppressive environment and educated in an authoritarian system, nurses often exhibit submissive behaviors towards physicians and hospital administrators, and fail to assert themselves as patient advocates. Likewise, nurses often appear oblivious to the social and political issues that curtail

holistic patient care, and to the avenues to overcome the constraints that hinder the enactment of their social responsibility in society.

In fact, nurses continue to experience despotic behaviors and pressure from hospital administrators and physicians which greatly encroach on their ability to deliver quality health care to individuals and society. Paradoxically, this hindrance often includes nurse administrators who assimilate the 'male' role to gain acceptance into men's corporate world (Wolf, 1997). Thus, I am particularly troubled by nurses' curtailed ability to enact their social responsibility in society, and to serve as advocates for humane patient care. In fact the American Nurse contends that "workplace pressures and limited resources are shaping a practice environment in which advocacy may prove impossible" (Burt, 1995, p. 21). I am also troubled by nurses' failure to recognize health care and the holistic well-being of individuals as political issues congruent with human rights and the enactment of democratic values. According to this position, our democracy currently fails to fulfill its social responsibility by denying equal access to quality health care to *all* individuals in need.

I believe that today, more than at any other time in the history of health care, nurses need to reflect on their position within the health care system, embody their role as patient advocates, and fulfill their unique social responsibility as stewards for the holistic welfare of individuals. They need to convene and empower themselves to secure health care as a human right, and embody caring as a social responsibility for the welfare of others. This re-envisioning of caring calls for the enactment of behaviors beyond expressions of empathy and compassion. It calls for an active involvement as committed

patient advocates in the delivery of care, and crusading for the enactment of social policies to secure quality health care to all individuals in society. Indeed, nurses need to acknowledge that their responsibility for the health care of patients extends beyond an individual's particular needs and into society in general.

Lavinia Dock positioned nursing as political and nurses as agents for democracy whose social responsibility as human advocates is to contribute to the holistic welfare of individuals *and* society. Embracing this vision of social responsibility, Dock and the nurses at Henry Street Settlement (HSS) empowered themselves to function as human advocates and crusaded for social reforms to improve the social and health conditions of the underprivileged. Furthermore, subverting the representation of nurses as objects functioning under physician supervision, HSS's Visiting Nursing Service was established and managed by nurses who provided health care to the disadvantaged virtually as independent practitioners. It is important to point out that Lavinia Dock and the HSS workers fulfilled their ideal of nurses' social responsibility in society at a time when nursing was just emerging as a discipline in the U.S.A., and women had no legal existence or representation in society. Indeed, at the time, nurses were 'trained' in hospital schools outside of academia, and their health sciences and humanities education was meager or non-existent. The scope of their practice was restricted to hospitals and physician's offices, they lacked a legal frame to support their actions, and many lacked the necessary educational background to provide quality health care.

Although they lived a century ago, Dock and the HSS nurses provide a powerful example for today's nurses as they faced similar issues and constraints. Moreover,

contemporary women have the ability to vote, hold public office, and have greater access to political power to effect social reforms, secure the holistic welfare of society, and preserve democratic values and privileges for *all* individuals. In addition, today's nurses are educated in academic settings and are better positioned to assert themselves as legitimate knowers, and serve as human advocates by enacting their social responsibility in society.

However, nurse educators need to come to grips with the fact that education is political and value laden (Apple, 1990). They also need to interrogate traditional myths of health care delivery and disrupt the patriarchal structure of the system. Furthermore, nursing education needs to question the intersections between nursing and the patriarchal nature of the health care system, between social issues and illness, and further explore the social responsibility of nurses in a democratic society. Indeed, health care and social policies affecting all individuals should become a central interest for nurses as service oriented professionals, and one of the stewards of the holistic welfare of society.

Likewise, nurses should question with rigor all health care decisions affecting individuals and society in general. They also need to honor their great responsibility in facilitating human growth and transformation and promoting/maintaining holistic human welfare. In fact, individuals entrust (at a time of considerable personal vulnerability) their care on the nurse's expertise, and this requires utmost respect, and a moral and legal obligation to uphold their trust.

So, I propose that nurse educators re-envision the goal of nursing curricula and commit themselves to prepare nurses to accomplish their social responsibility in society.

Furthermore, I urge nurse educators to interrogate the traditional ‘principles’ that have guided the curricula, and query their effectiveness in developing nurses’ social responsibility for the holistic welfare of all individuals in society.

Re-conceptualizing the Curriculum as Democratic

Michael Apple’s (1990) affirmation that the educational process is political and value laden had a profound effect on my vision and practice of nursing education. Indeed, as I commented elsewhere in this chapter, I grapple with long-lived meta-narratives and foundations in nursing curricula, with ‘sacred icons’, and undisputed ‘truths’ deeply rooted in the traditional modernistic approach to the education of nurses (Doll, 1993). I also grapple with the androcentric character of its discourse which contributes to the subordination of nurses to a patriarchal health care system, and curtails the enactment of their social responsibility for the holistic welfare of others in society. Nurse educators need to become aware of the urgency of interrogating the authoritarian and patriarchal nature of their approach to educating student nurses (Ashley, 1997 ; Wilson, 1971). They need to interrogate the heavy reliance on meta-narratives of undisputable nursing theories, and a reverence for rigid methods and procedures as leading factors in the development of many rigid and submissive behaviors which nurses often exhibit in their practice.

Indeed, in order to exhibit assertive and creative behaviors as stewards of the welfare of individuals and society, nurses need to be free from oppressive forces that curtail their voice and agency in health care. For example, many policies (and penalties for its transgression) that regulate the academic life and clinical behaviors of student

nurses need to be interrogated as to their relevance in the education of future nurses, and their impact in the development of rigid and submissive behaviors. Indeed, some of these policies are rigid representations of discipline, professionalism, dress codes, demeanor, and interaction with others which ‘govern’ student behaviors. These representations emphasize adherence to authority and established norms, selflessness and modesty. In addition, student voices and agency are frequently silenced, and ‘transgressions’ of traditions and the established order are penalized. In turn, compliance with the system and submission to authority figures are often rewarded.

Likewise, nursing curricula’s heavy reliance on ‘standard procedures’ to implement nursing care privileges rigidity, suffocates creativity and imagination, and stifles the student’s agency and initiative to envision and enact change. Such ‘standards’ often emphasize ‘one and only’ correct manner of performing a procedure. In turn, variance, confusion, and creativity are often deprecated as threats to the provision of quality nursing care. Indeed, inquisitiveness, initiative, and challenging of traditions are usually frowned upon as a menace to the established order. Not surprisingly, student nurses promptly learn this hidden curriculum of nursing as a ‘safe’ way to handle themselves in school, and often adopt these ingrained behaviors in their performance as nurses.

A crucial question for nurse educators is whether we want to continue to prepare ‘dutiful wives’ who serve as physicians and administrator’s self-less hand-maids, keep the house in order and running, and enact their directives without hesitation. Or, do we want to accept the responsibility to prepare assertive nurses who disrupt a patriarchal

health care system, and enact their social responsibility in society? This last option proposed by Lavinia Dock's conception of caring as social responsibility endorses a democratic curriculum. It challenges nurse educators to unwrap, and interrogate the authoritarian and modernistic 'hidden curriculum' of nursing education which has traditionally endorsed a patriarchal health care system. Moreover, it invites them to construct empowering experiences to conceptualize nursing as social responsibility for the holistic welfare of individuals in a democratic society.

Consequently, how might a democratic nursing curriculum that encourages student voice and creativity, and defines nursing as social responsibility look?

A post-modern curriculum will at the very least struggle against those dichotomous pedagogical separations a modernist curriculum considers so natural: order/disorder, teacher/student, knower/known, fact/interpretation, reality/imagination, play/work (Doll, 1993, p. 6).

This re-conceptualized curriculum contests rigid paradigms, methods, icons, and precepts favored by traditional patriarchal nursing curricula. Its theoretical content is not 'sterilized' by an artificial pre-established 'order' divorced from life experiences. It credits the "complexity, diversity, multiplicity, dissipation, self-organization, transformation" (Doll, 1993, p. 6) encountered in everyday life and in nursing practice. For example it embraces flexibility and 'chaos' as learning instances, and disavows some rigid educational constructs such as progression from 'simple' to 'complex', 'vertical reiteration'/ continuity, setting fixed goals and objectives, and other directives inherent in the 'Tyler rationale' (Tyler, 1949) traditionally privileged by nurse educators to 'organize' the curriculum.

Moreover, this democratic curriculum embraces Dock's conception of nursing as social responsibility for others, and empowers students to enact this role in society. Thus, this curriculum honors knowledge gained from nurses' experiences with human beings undergoing hardships in society as much as scientific theories in the teaching of nursing. It combines the science of nursing (theoretical knowledge), the art of nursing (psychomotor skills), with the spirit of nursing (public service) to achieve the holistic welfare of the individual, family, and community (society, the world). Moreover, the program of study fosters an understanding of caring beyond a warm interaction between the nurse and individuals in need of care, to embrace a social responsibility for their holistic welfare. The curricula also embraces women's ways of knowing and being in the world, interrogates the illusion of objectivity traditionally espoused by nursing education, and the myth that nurses should always detach their observations and perceptions from human emotions.

The curriculum also embodies qualitative research methods as 'legitimate' sources for nursing knowledge. Teaching emphasis focuses on understanding and processing complex information rather than simplifying and stripping it out of the richness embedded in complexity. Likewise it de-emphasizes the mastering of concepts and technical procedures as preferred 'proof' of learning. Teachers collaborate with students in the construction of knowledge rather than portray themselves as authority figures and experts who 'own the truth'. Nurse educators encourage student voice, participation, questioning and dissension with the information or standpoints discussed in class. Teaching strategies which discourage student participation such as lectures are contested, and

seminars and active student participation strategies are proposed. Nurse educators query traditional student assignments that are time-consuming and tedious, which forsake creativity, independent thought, and curtail the ability to seek connections, contradictions, difference, and fluidity in nursing experiences.

Moreover, the curricula provide opportunities for students to assert themselves as decision-makers and problem-solvers by creating a non-threatening environment that emphasizes guidance and supervision over evaluation. Teachers establish credibility and 'respect' through the role modeling of desired behaviors and skills, and disavow authoritarian methods based on punishment and reward.

Most important, assertive student behaviors are honored and encouraged within an open and nourishing environment free of intimidation. Compliance and submissiveness are interrogated and discouraged. Assertiveness is embraced as a desirable and crucial attitude to enact the social responsibility of nurses within the obstacles imposed by a largely patriarchal health care system. Furthermore, caring as social responsibility, is honored throughout the curriculum as a core nursing value.

Thus, this new curriculum incites nurse educators to come to grips with the fact that nursing education is a political matter. Moreover it acknowledges that traditional curricula have favored a Western epistemology that reinforces the patriarchal disposition of the health care system, and frequently promotes a submissive role for nurses that curtails their commitment to patient advocacy. This re-conceptualized curriculum questions the nature of the health care system, and acquiescent nurses' behaviors which embody physician advocacy and 'loyalty' towards administration officers versus patient

advocacy. It promotes an understanding of patient advocacy that entails caring as a social responsibility to pursue their holistic welfare. In addition, this social responsibility pursues the holistic welfare of individuals in a relentless manner, and does not compromise quality of care for individualistic goals.

True to its democratic orientation, this curriculum will never cease to improve and transform itself. Likewise, it continually interrogates its philosophy, teaching strategies, and methods to embrace the social responsibility of nurses in society. Furthermore, this curriculum will strive to prepare nurses who aim to assist individuals *and* society to meet their health care needs, and question traditional calls to meet the demands of the health care system itself. According to Dock's conception of social responsibility, nurses should be 'more than a nurse' and transgress traditional representations of themselves as mere dispatchers of physicians' orders, and extend nursing care to individuals suffering from social maladjustments and poverty.

Nursing has constructed itself as a patient oriented discipline, that "stands up for the patient's rights advocating his best interest at all times" (Chitty, 2001, p. 354). However, nurses' social responsibility in society is largely curtailed by the patriarchal structure of the health care system which silences nurses' voices. Nurses on the other hand have largely failed to interrogate their position in society and to explore strategies to change their perceived situation of oppression. Lavinia Dock's life, ideas, and praxis provide a compelling example of how she negotiated and subverted patriarchal canons in society to empower nurses to enact their social responsibility for securing the holistic welfare of individuals and society.

Finally, I believe that one of the most powerful ‘conclusions’ which emerge from Dock’s ideas is her notion of *democracy as caring*, as a *social responsibility* of all individuals to secure the *holistic well-being* of society *and* the world. This notion is the center of her philosophy, and has meaningful implications for the role of nurses in society, and for re-envisioning democracy as a more humane conception of government, citizenship, and ways of being and acting in the world. These ways of being in the world embrace a global community of people collaborating and caring for the well-being of each other.

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